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OBER - 1951

The tykes in Meg's ward were a-scream!

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Yes! The tots put her wise ...

Now it's PACQUINS she buys-





Pacquins Hand Cream was developed especially for doctors and nurses who give their hands so many scrubbings each day. Now Pacquins is used by more women than any other hand cream in the world! For extra-dry skin, red label Pacquins—contains lanolin.

FOR DREAM HANDS,
CREAM YOUR HANDS WITH
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RTI R2

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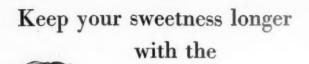
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A fresh clean uniform is a symbol to your patients. It stands for cleanliness, for personal freshness, too. Yes, fastidiousness is important to you. Now you can keep that fresh clean feeling longer with the new finer MUM.

This new MUM contains a wonder-working ingredient M-3 which protects against the bacteria which cause underarm odor. It not only stops the growth of these bacteria, it keeps down their future growth, too. MUM doesn't merely mask odor—it interferes with its development.

You'll like the soft creamy texture of this new MUM which makes it easy to put on. There is nothing harsh about MUM. Nothing to irritate the skin. Nor will it harm even the finest fabrics.

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' MUM's delicate floral scent will delight you it's a special fragrance created for MUM alone.

Keep your sweetness all through the day with MUM - the creamy deodorant that prevents underarm odor.

w contains amazing w ingredient M-3—that protects against odor-carsing bacteria

MUM's protection crows and GROWS!

Thanks to its new ingredient, M-3, MUM not only stops growth of odor-causing bacteria but keeps down future growth. You actually build up protection with regular, exclusive use of new MUM! Now at your cosmetic counter!



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The U. S. Air Force Nurse Corps offers you a life which combines service with adventure, work with recreation. You will be commissioned in the Air Force, with officer's pay and allowances, free service insurance, paid vacation and retirement credits.

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You will have the chance to take postgraduate training in many nursing fields and to qualify for advancement.

There are other benefits, too—worldwide travel, an attractive uniform, a

wide travel, an attractive uniform, a chance to serve with the finest men and women in the world—the members of the United States Air Force. Most important, you can contribute your nursing skills to keep the Air Force flying.

Write to The Surgeon General, U. S. Air Force, Washington 25, D. C. Ask for the free booklet, "A Career With A Future." It gives complete information about the many advantages offered in the Air Force Nurse Corps. Yes, there's a career for you in Air Force blue. Write today.

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MEDICAL SERVICE

# **BROMO-SELTZER**

gives fast 3-way help for

# HEADACHE

upset stomach, jumpy nerves

When strenuous on-duty activities cause you headache pain, take Bromo-Seltzer right away and get fast effective help.

Bromo-Seltzer effervesces instantly ... ready to go to work faster than any tablet product you've ever tried, and it fights your headache 3 ways at once:

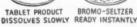
- 1. Relieves headache pain.
- 2. Neutralizes excess stomach acidity.
- 3. Quiets your jittery, jumpy nerves.

For best results, use cold water. Follow the label, avoid excessive use. You must be satisfied or your money back.

Be prepared next time a headache hits. Get a bottle of Bromo-Seltzer at your druggist's today and keep it handy. It's the time-proved product of the Emerson Drug Company.









**BROMO-SELTZER** 



MII



In one interesting test with *Bactine*, mice and pneumococci were employed. The tips of mice's tails, contaminated with pneumococci, were cut off and implanted in the peritoneal cavities of the animals. This almost certain method of inducing pneumococcal peritonitis in mice was foiled in 100 per cent of the cases when the contaminated tip, before implantation, was placed for 5 minutes in a dilution equivalent to 2 cc. of *Bactine* to 3 cc. of water.

- from a laboratory report on Bactine

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Bactine has a clean, fresh odor and does not stain. It is gentle to skin and practically painless on abrasions and cuts. It has mildly cooling and local anesthetic qualities and relieves itching due to insect bites, sunburn and skin irritations. High surface activity gives Bactine unusual cleansing and penetrating properties.

Bactine relieves the itching and combats the infection of athlete's foot. Daily application will completely eradicate fungi in most lesions.

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cleanser • deodorant • preparation of skin for surgery

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treatment for pain relief before a thorough diagnosis can be made. In these cases, as in the routine treatment of headache, neuritis pain, you can depend on Anacin. These tablets

and neuralgia pain, you can depend on Anacin. These tablets afford all the advantages of quick, long lasting analgesia characteristic of the time tried and proved APC formula. Anacin is well tolerated too, preferred by many who experience gastric upset from other analgesics. For your patient's convenience, Anacin is available at all pharmacies. If you would like to receive samples of Anacin, please send us your request on your letterhead.





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POOR

Dear E

I read of This March is telling really a taught rather the AmcQuill philosopa profes

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In the magazine Lawrence called It prima amounted the nurses

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### \*DEBITS & CREDITS ---

### POOR PUBLICITY?

Dear Editor:

I read with much interest "What of This Noble Profession?" in the March issue. I once heard a teacher telling someone that nursing isn't really a profession because it is taught by the apprentice method rather than by the collegiate method. In the article "Noble Profession" Miss McQuillen tells of the professor of philosophy who felt nursing is not a profession "because nurses cannot act without orders from another group—doctors."

I was under the impression that the recruiting of student nurses was being *aided* by our allies, the teaching profession, not sabotaged.

In the November, 1950 American magazine there was an article by Lawrence McCann (a pseudonym), called "Danger In Our Hospitals!" It primarily created a considerable amount of apprehension and lessened the public's faith in hospitals, nurses and nursing.

This type of article in the public press is certainly not an aid to recruiting student nurses, nor an encouragement to retired nurses to return to nursing. And it is most discouraging to the loyal nurses who remain with their shoulders to the wheel. I wonder that there are not more nurses deserting nursing for industry, if only to be relieved of public criticism.

With the prevailing public attitude how can we possibly hope to remedy the situation? Intelligent young women are certainly not going to want to identify themselves with a career so much criticized. Is there nothing being done by our professional organizations or publications to correct, or at least counteract, some of this damaging publicity?

R.N., LIVINGSTON, N.J.

[The intent of the American magazine article was to make the public more conscious of the need for more nurses and better prepared nurses.

—THE EDITORS]

### **IDEAS FOR A HOME?**

Dear Editor:

Annie J. Barton's letter on "Where to Retire" [R.N., June] caught my attention and prompted me to write. I've heard this topic discussed many times and have wondered why nothing is done about it. Old age is inevitable, and it seems a pity that those who have given their lives caring for others should have to spend their last years in a hotel or rooming



# EXPECTANT MOTHERS TELL AMAZING RELIEF from Heartburn

How Antacid Chewing Gum Helps Solve This Age-Old Distress



All over America expectant mothers are discovering the remarkable heart-burn relief they obtain with CHOOZ, the refreshing antacid chewing gum.

Delighted mothers-to-be tell us how CHOOZ quickly relieves the usual heartburn distress of stomach hyperacidity during pregnancy — often after all other remedies had failed.

The antacid ingredients in CHOOZ act promptly to neutralize excess stomach acids. At the same time, the chewing itself helps stimulate the flow of saliva, thereby heightening the desired alkalizing benefits. Chewing, too, helps relax nervous tension.

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| (Offer limited to Nursing Profession)                                       |  |  |  |

house, alone and unattended. Nurses are always doing something for others—why could we not organize and plan for a place to retire to? I am middle-aged, unmarried, have a good position and am living comfortably now; but like many others, I too have wondered what the future will bring. Money alone doesn't make one happy—companionship, pleasant surroundings and a home atmosphere count too.

I'd like to hear from nurses who would be interested in a home for retired nurses. Won't you drop me a card or letter with your opinion and suggestions?

Marie Norine Carter, R.N. 3530 W. 83rd place chicago 29, ill.

[R.N.'s research on this subject has invariably brought us back to the same point: Many nurses would like a national home to retire to, but they want the home in the location of their choosing, with many persuasive arguments to support their reasons.—
THE EDITORS]

### ONE GOAL

Dear Editor:

I should like to speak of the part practical nurses play in nursing. I am a practical nurse, and I believe that all of us in the noble profession are working for one common end—to alleviate the suffering of the ill.

In my own case, I did not realize my strong liking for nursing until after I started a practical nurse course in 1948. (If I had realized it sooner,

October R.N. 1951

more comfortable less demanding patients.

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(brand of water-soluble chlorophyll derivatives)

in the care of wounds,

### burns, ulcers and dermatoses

CHLORESIUM OINTMENT and SOLUTION (Plain) are favored by patient, nurse and doctor:

patients appreciate CHLORESIUM because it quickly deodorizes foul-smelling lesions and provides prompt relief from itching and irritation.

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Musterole contains powerful painrelieving oil of mustard, camphorated oil, menthol and methyl salicylateall in a white, stainless rub which acts just like a poultice to relieve the inflammation. It creates a wonderful sensation of protective warmth on chest, throat and back-bringing amazing relief! Just rub it on!

In 3 strengths: Children's Mild. Regular and Extra Strong Musterole for adults.



I would without a doubt have taken the R.N. course, for from the time I finished my second year of college in June and started to work steadily I have realized my limitations.) After graduation from high school I entered the commercial field and it was not until after I worked on a Cancer Project in a hospital that I realized I was interested in nursing.

It seems to me that registered nurses should be thankful that we can take over so many of their duties and stay on a lower status and wage scale. Registered nurses are always going to enjoy privileges and standards that are rightfully theirs. There are many reasons why a girl takes a condensed nursing course, but the main thing to be considered is that a nursing shortage is going to be alleviated because of the existence of practical nurses trained to help fill in the gaps.

THERESE A. VANDENBERGER MINNEAPOLIS, MINN.

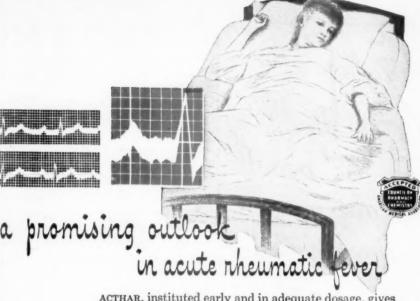
[We can't help wondering whether yours is not a case in point where more conscientious counseling or screening would have recruited you into the ranks of the professionals rather than the practicals. However, practical nurses have a good spokesman in you.—THE EDITORS]

### GOOD IDEAS

Dear Editor:

I not only read R.N. from cover to cover, but I make it possible for other interested nurses to do so too. Each month I give my copy to the Public Library. At first the librarian

October R.N. 1951



ACTHAR, instituted early and in adequate dosage, gives promise of lasting results in rheumatic fever.

ACTHAR, in an increasing number of rheumatic fever patients, has shortened the course of the disease, minimized residual cardiac damage and probably reduced mortality. Systemic signs and symptoms of rheumatic fever usually disappeared within three days—the acute rheumatic process was brought under control, and the electrocardiogram and enlarged heart returned to normal, with regression of pathologic murmurs. Marked cardiac failure, however, necessitates special caution, since sodium and water retention may be produced.





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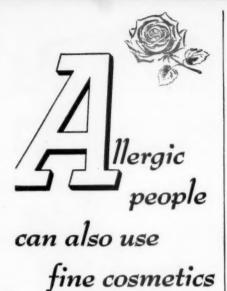
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HYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

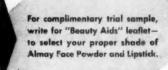


Because Almay cosmetics are rigidly screened for common sensitizing agents, yet are at the same time lovely, exquisite cosmetics—
Almay preparations are widely recommended by the medical profession. Almay's new super-milled, aniline-dye-free Face Powder has unusual depth and diffusion of color—comes in four attractive rose hues and companion rachel tones. Almay's Lipstick is one of the finest made—available scented with indelible dye or unscented, with or without indelible dye, in eight popular shades.

Wouldn't you like to try them?



Division of Schieffelin & Co. 22 COOPER SQUARE, NEW YORK 3, N. Y.



in charge of reference works doubted whether there would be any call for R.N. About a month later she met me on the street and told me that it was in great demand. (Shortly before, I had given her copies for the past two years).

I have been greatly interested in the pro's and con's of bedside and floor nursing and I agree with the opinions expressed by Miss Janet M. Geister in her various Candid Comments. It may be that we must be very ill and feel that specialized care helped us to regain our health in order to appreciate private duty nurses. I believe many girls who would make excellent private or general duty nurses cannot afford the present high tuition fees. In my own neighborhood we have recognized this fact in our civic clubs and our alumnae associations. Just recently a scholarship was established in the name of an industrial nurse who had passed on. Her friends chose this way of honoring one of our school's graduates, and we feel such scholarships are one way of making it possible for another girl to help fill the ranks of nurses.

Maude M. Harvey, R.N. oshkosh, wis.

### BANISHING BACKACHE

Dear Editor:

Lynne Svec's article [R.N., April] on the aching back of practicing R.N.'s made me wonder. Why don't schools of nursing teach correct ways to turn patients, help them out of bed and so forth, along with correct body

October R.N. 1951



### "Their friendly beauty gave me a lift"



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Ever notice how faces brighten and spirits lighten . . . when a patient receives flowers?

To save you time and trouble, too, your F.T.D. Florist delivers fresh flowers ... prearranged ... in "long life" chemically treated water.

No extra work . . . or handling with F.T. D. FLOWERS!

FLORISTS' TELEGRAPH DELIVERY ASSOCIATION, Headquarters: Detroit, Michigan

posture? Perhaps some schools are teaching body mechanics to nurses, but when I was in training (and I graduated in 1944) it wasn't even mentioned. The Red Cross Home Nursing Course teaches these procedures in an excellent manner. They could be taught in our Nursing Arts courses too, it would seem to me. My own aching back has gone since I learned how to keep it straight and use my legs instead.

(Mrs.) Barbara L. Martin, R.N. FOWLER, MICH.

[Body mechanics in nursing care can result in more efficient nursing according to a three-year study undertaken in 1946 at the Vanderbilt University School of Nursing with finances from the National Foundation for Infantile Paralysis. The conclusions and recommendations of the study appeared in an article, "Integration of Body Mechanics and Posture in Nursing" in the November, 1950 American Journal of Nursing.—The editors]

### MORE TLC

#### Dear Editor:

I realize that nurses must be better educated as time goes on, but the education angle is being stressed too much; many have fallen short of tender, loving care of patients. Our primary duty is scientific, humane care. I have seen student nurses and aides who change incontinent patients and seldom use soap and water, yet they use alcohol. Is it any wonder bed sores develop? Soap and

water are the cheapest disinfectant we have, and an ounce of prevention is better than a pound of cure. Dressings, medicines and other supplies are high in price; it would pay dividends to hospitals, as well as add to patients' comfort to give more minute care in routine treatments.

R.N., MOBILE, ALA.

### COVER GIRLS?

Dear Editor:

I am enclosing a picture of Miss Mary Chalmers and me taken when we graduated from Elliot City Hospital, Keene, New Hampshire, 50 years ago. As soon as we were capped we had our pictures taken to preserve the historic occasion. I thought other R.N. readers might like to see two young graduates, vintage 1901.

ELIZABETH C. MACDONALD, R.N. LONG BEACH, CALIF.



October R.N. 1951

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Desition health tion in often

protect blend unsatu prope and la decom or exc Tubes

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even in stubborn slow healing wounds

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OINTMENT
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1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.

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# Nutritional Facts

about the <u>First</u> Ready-to-serve Rice **Gerea**l for Baby

Gerber's Rice Cereal, the first hypo-allergenic starting cereal made of rice, contains no yeast, no malt, no milk solids.

Rice flour is combined with rice polishings, a rich source of natural vitamin B-complex. Crystalline thiamine, riboflavin, and niacinamide give further B-vitamin supplementation. Iron is also added.

Low in crude fiber and thoroughly pre-cooked, Gerber's Rice Cereal is easily digested by very young babies. Introduced at the recommendation of doctors themselves, it is still unsurpassed for quality and nutritional content at any price.

For variety, there are Gerber's other one-grain cereals—the hypoallergenic Barley Cereal as well as Oatmeal and Cereal Food (wheat). All are enriched, pre-cooked, ready-to-serve, smooth textured.



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Babies are our business...our only business!



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Samples! Gerber's Cereal Miniatures for your young-mother patients, plus Baby Foods Analysis Folder. Write on your letterhead to Gerber's, Dept. 3510-1, Fremont, Michigan.

# TRUE OR FALSE?





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Since then...as nurses' caps have changed...so have the duties of nursing. Today, one of the most important contributions of nursing is in the field of education.

No doubt, you are often called upon to explain menstruation. To help you, the makers of Modess offer two aids.

#### Free, Doctor-Approved Booklet

For young girls. Entitled "Growing Up and Liking It," this illustrated book explains menstruation in a young, friendly way.

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# BEEDEE ... by B-D



OB-D

"THEY TOLD ME TO WEAR A MASK"

There's more than one type of mask, Beedee, and the Hallowe'en variety is hardly fitting for the operating room.

Don't be confused when a physician asks for an "ACE" either, Beedee. He wants an ACE® Elastic Bandage.

Available as ACE Cotton No. 1, all cotton elastic; ACE Reinforced No. 8, cotton elastic reinforced with rubber; and ACE Adhesive No. 10, cotton elastic with adhesive backing...there's an ACE Elastic Bandage to supply just the type and degree of pressure or support desired by the physician.

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Our thanks and a gift of B-D products to Mrs. R. L. Cunningham, R.N., of Manchester, New Hampshire, who submitted the idea for this month's cartoon. BECTON, DICKINSON AND COMPANY RUTHERFORD, NEW JERSEY

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# SCIENCE SHORTS

The outlook for victims of multiple sclerosis is not as grim as generally believed, state Drs. Alexander R. MacLean and Joseph Berkson of the Mayo Clinic, in the JAMA. They base their conclusion on a 10-year follow-up of 406 cases which showed that patients had almost a normal survival rate in the five years following clinic visits, and even after 10 years the rate was reduced only to about 85 per cent of normal. Of 278 patients able to work and walk on the first visit, 64 per cent were able to work and walk at the end of five years, and 42 per cent at the end of 10 years.

\*

A new five-ounce, polyethylenesqueeze bottle dispenser for "pHisohex," a fluid anti-bacterial detergent sudsing cream that is effective in any kind of water, originally designed especially to fit in visiting nurses' bags, is now available commercially.

\*

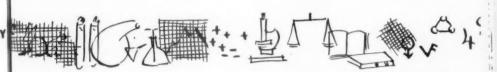
Country-wide distribution of sex hormones by two Los Angeles companies, now under injunction against unrestricted interstate shipment of such drugs, has led the Federal Food and Drug Administration to warn that cancer and sterility may result if these hormones are used without a doctor's order. Men in particular were cautioned against indiscriminate dosage of testosterone because this hormone is apt to stimulate growth of dormant cancer cells that may be present in the prostate gland.

\*

The new USPHS Directory of Venereal Disease Clinics reveals that 42 states require premarital blood tests; in 41 states both blood tests and physical check-ups are compulsory.

\*

The new antimalarial, primaquine, described tentatively as the first curative agent for the tertian malaria found commonly in temperate zones, has been administered to U.S. troops returning from Korea, in the hope that it will prevent quiescent or "suppressed" malaria from developing into active malaria. In contrast to the suppressive action of chloroquine, which is administered regularly to soldiers in Korea, primaquine is said to be effective in combating organisms after they have invaded the body tissues. Army officials emphasize, however, that primaquine will augment rather than replace the use of suppressive drugs, and that primaquine must be observed for several months before its curative value can be evaluated. Although prelimi-



October R.N. 1951

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Looks like Junior is heading for a fall! But even the liveliest youngster won't climb, fall or slip out of the balanced Babee-Tenda Safety Chair.

Seat has four adjustments; back and footrest adjust, too. Swings for gentle excercise; stop-lock for feeding. ExTenda Legs raise for mealtime. Has sanitary lift-out top.



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| Address  |                    |
| City & Zone  | State              |

nary tests have proved successful, it is possible, the Army admits, that Korean malaria strains may possess different characteristics from those employed in experiments in this country.

\*

An x-ray camera capable of taking x-ray pictures of the entire body has been built by a Chicago manufacturer under the direction of leading medical and x-ray specialists.

\*

Offensive fecal odors, which cause colostomy patients, as well as their neighbors, considerable distress, can now be eliminated by chlorophyll therapy, state Drs. Michael Weingarten and Benjamin Payson of New York City, writing in the August issue of the Review of Gastroenterology. In a test which the doctors conducted among eight ward and semi-private patients with colostomies, it was found that one Chloresium Tablet (Rystan Co.), four times a day, gradually reduced and eliminated the colostomy discharge odor while eight tablets a day produced a more rapid and complete effect. On the basis of the study, the authors logically conclude that this type of therapy could easily eliminate bedpan odors for other patients.

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In a study at New York's Harlem Hospital of 101 cases of soft tissue infections, including gas gangrene, terramycin therapy significantly reduced the number of surgical operations usually required, according to a report published in Antibiotics and Chemotherapy.

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# PSORIASIS deep lesions deep action

The basic lesions of psoriasis take origin in the deeper layers of the epidermis. That is why the deep action of RIASOL is required to produce effective therapeutic results.

There is no other prescription exactly the same as RIASOL. Both the active ingredients and the vehicle are unique. The mercurial content is chemically combined with soaps, in which form it is carried to the deeper layers of the epidermis.

Deep action explains why the skin lesions of psoriasis gradually vanish, in the majority of cases, when treated with RIASOL. A clinical investigation has shown disappearance or improvement of the skin patches in 76% of the cases treated.

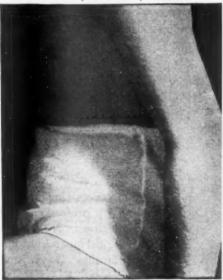
RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOI is supplied in 4 and 8 fl. oz. bottles, at pharmacies or direct.



Before Use of Riasol



After Use of Riasol

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Please send me professional literature and generous clinical package of RIASOL.

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RIASOL FOR PSORIASIS



A-200 Pyrinate Liquid has won quick and general acceptance by the nursing profession wherever it has been introduced. Proven most effective in 8,000 clinical tests, A-200 was developed under strict medical supervision. It is a fast, effective killer of lice and other body parasites . . . yet is NON-POISONOUS, NON-IRRITATING, AND LEAVES NO TELL-TALE ODOR. A-200 is easy to use, no greasy salve to stain clothing, quickly applied, easily removed . . . one application is usually sufficient.

The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole, and Olearesin of Parsley fruit, in a detergent-water-soluble base. The Pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man.

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# the most beautiful hands in the world-Sofskin Hands!

Yes, you can have beautiful hands... as easily as you can reach for a jar of Sofskin Creme! For this wonderful hand cream is a beauty treatment for skin made rough and dry by constant scrubbing.

A true skin cream, enriched with lanolin, Sofskin penetrates dry surface skin...softening, smoothing, beautifying. Suddenly you have 'Sofskin' Hands—the most beautiful hands in the world!

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My name\_

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City

State\_



# SPEAKS: LET'S CHECKOL

■ IS IT ALWAYS to be the American tradition to produce quantities in order to waste quantities? Again in an emergency period, with an ever-increasing population and more persistent demands on nursing service, we are in a race against time to produce as many nurses as we can while still safeguarding our educational standards.

It was also the hope of the Cadet Nurse Corps program in World War II that increases in members would be the answer. Now that the program can be evaluated objectively, we know that it wasn't the answer. We know that the costs (lowered standards, accelerated education at the expense of the nurses' knowledge, not the hospital's service, and in many cases a disillusioned, ill-equipped product) were far too expensive for our profession. The Cadet Nurse Corps program produced the quantity, but in doing so it violated the guarantee of a sound professional education for the many who joined.

In May of this year, the ANA queried the directors of all state-approved schools of nursing concerning their attitudes toward the present federal aid bills and the Cadet Nurse Corps program of the last war. Of the 654 answering a specific question on whether they approved federal aid patterned after the Cadet program, 407 replied negatively; however, 622 approved of the principle of federal aid to nursing education, and 593 preferred the program as proposed in the Bolton bill—the Bolton bill which was designed to alleviate present shortages and to meet the long-range educational needs of all nurses. But the questions in many minds are: (1) Are we putting in a blanket recommendation for indiscriminate help for our schools before we get the answer to our experimentations, and (2) Do we need federal aid for all nursing education to produce quantities, or should aid be confined to those fields in which most of the serious shortages are?

We on the national scene know the profession is in dire need of qualified nurse instructors and supervisors even more than is the need for hands and feet at the bedside. Subsidiary help can relieve there, but there is no substitute for capable teaching. Every nurse who receives her education under a strong, well-qualified teacher or supervisor

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visor reflects that skillful teaching the rest of her professional life.

Have we given enough thought to this matter of producing numbers, whether attained through federal aid or private resources? In efforts to meet our obligations, nursing planners consult with representatives from hospital, medical and general education fields. This is all to the good—if they are sufficiently strong to resist pressures based solely on immediacy or special interest. Those practicing within the profession are also interested in building a sound profession, but one that will serve patients and nurses 25 years or more hence as well as, or better than, today. Will not our planners be held responsible for another crop of inadequately prepared graduates if great numbers are prepared before the teaching and supervisory staffs are strengthened?

The nursing profession has repeatedly surrendered its own interest for the interest of society; nurses have a proud and distinguished record in the area of sacrifice. The present trend reflects this tradition—and should be viewed with alarm if it means sacrificing the future of nurses for the expediency of the moment. An over-production of poorly prepared nurses, whether they be graduates or practicals, could be as disastrous to society as to nursing progress, not to men-

tion nursing economics.

The standards of education for professional nurses must be geared to the times, of that the majority of nurses are in accord. What does seriously concern us though is whether we might not be moving too fast, before we know what positions demand an education beyond that which can be developed in the better diploma school. Is it our nurse educators' ambition to have eventually all graduate registered professional nurses holders of degrees? Such an ambition is truly fantastic, and we do not believe even the greatest theorist could ask for that. However, collegiate trained nurses assuredly are needed in teaching, public health, and supervisory and executive positions. Very few would disagree with this premise.

Theories have been developed by the general educators that they sincerely believe must be accepted as the [Continued on page 78]

## **NURSING HOMES**

PART I.

■ THIS PATIENT should be transferred to a nursing home."

How many nurses, reading such an entry on a patient's progress notes, find themselves inwardly accepting the fact that this patient will probably be on the ward for some time to come before there will be an opening outside the hospital. And it is not only the hospitals that feel the need for a place where the old and the chronically ill will be well-cared for and kept happy. Many families, faced with situations in which they can no longer give adequate care to

their aged relatives are also anxiously seeking reputable homes where they can, with a clear conscience, take them.

Despite the fact that the need for more and better nursing and convalescent homes is becoming increasingly evident, there is a rather appalling lack of knowledge on the part of both laymen and medical workers regarding such institutions. One nurse, when asked by a coworker for advice in regard to finding a suitable home for his aged father, was astonished to find out



American Hospital Association

Crowded, poorly lit and lacking in privacy, rooms such as these exist in too many nursing homes. Our aged and chronically ill deserve more than this.

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October R.N. 1951

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how little she actually knew about the current situation.

That the aged and the chronically ill are in the ascendant is becoming more and more a matter of concern to those in the fields of medicine and social service. Personnel in various welfare and health agencies have organized a Commission on Chronic Illness, the members of which include the American Medical Association, the American Hospital Association and the American Public Health Association. In March of this year, the Commission, in cooperation with the U.S. Public Health Service and the National Health Council, sponsored the National Conference on Chronic Disease. Previously, in August of 1950, the Federal government, under the direction of the Federal Security by Athea Powers, R. N.

Agency, had held a conference on the aging.

There are now 11,500,000 persons over 65 in America. By 1980, this figure is expected to be doubled. (Fifty years ago there were only three million in this group.) In 80 years' time the average life expectancy has risen from 45 to 67 years. In 1900, one person in 25 was over 65; in 1948 one person in 13 was over 65. Although many of the aged are among those suffering from long-term ailments, the terms "aged" and "chronically ill" are far from being synonymous. Fifty per cent of the chronically ill are under 45, and one in six of the nation's population-which adds up to an impressive 28 million people-are chronically ill.

Such a tremendous increase in the number of the aged and chronically ill has created many tragic and unwholesome problems. Elderly and ailing persons, unwanted in many instances, have been neglected or left to get along as best they can until their life span is over. The trend toward smaller families and the break-up of the "Old Homestead" with subsequent migration of sons and daughters to the cities has left many of our older citizens on their own to cope with illness and infirmity. Shortage of housing during and after World War II has aggravated this situation. These older persons, unable or afraid to care for themselves alone, desperately need homes where they can be made welcome and treated with dignity, respect and understanding.

According to Dr. A. P. Merrill, superintendent of New York's St. Barnabas' Hospital for Chronic Diseases, there is a total deficit of 303,000 beds for the chronically sick and aged infirm in the U.S.; statistics of the Public Health Service showed no hospital beds available for the chronically ill in 19 different states.

To care for the chronically ill in any of our general hospitals is inefficient and expensive. Those who would benefit from hospitalization are deprived of a hospital bed, while those for whom hospital care is no longer necessary remain on the roster. And tragically, many aged persons with only temporary or mild disturbances are committed to mental institutions for the want of appropriate facilities in their own state or city.

A survey by the Detroit Committee on the Care of the Aged and the Chronically Ill of conditions in that city found that, in 1947, about a quarter of the city's total aged population, 15,000 people, were dependent on some form of organized charity. The city had no subsidized housing schemes, few boarding homes, and no housekeeping services; it depended mainly upon 2,305 beds at Wayne County General Hospital and the Seymour General Hospital, 1,000 beds found in 10 private homes for the aged in Wayne County, and about 500 beds in 25 convalescent homes. Most of these homes were crowded and, in many instances, offered poor nursing care. Based on an estimate prepared by the National Health Survey, the metropolitan area of Detroit needed over 15,000 beds for its chronically sick and aged. The local committee found that there were actually only 3,900 beds available, and that only 1,500-1,800 could be used for persons in this category.

In 1937, with the advent of Social Security and Old Age Assistance, private nursing homes and convalescent homes sprang up all over the country. Many of these were run by well-meaning but inexperienced individuals, while others were run by out-and-out charlatans intent on making money in a hurry. Either through lack of knowledge, or the desire to make a quick dollar, little attention was paid to the needs of the patient. True, shelter was offered but this was often of the poorest sort. Crowded conditions, inadequate diet and unqualified personnel characterized the majority of nursing homes. The best that an inmate in such a place could hope for was to acquire a state of resigned apathy as he marked time until death.

In the past few years much has been done to ameliorate conditions in nursing homes. Many states require homes to be licensed and insist on regular inspections. Institutes and educational programs have been organized to help the well-meaning nursing home operator in her tasks. The nursing home operators themselves have formed the National Association of Registered Nursing Homes, and there is also an Ameri-

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can Association of Nursing Homes. Both of these organizations have their own publications which go out to their members. These operators are showing a professional desire to make their homes truly home-like.

A greater incentive toward passage of state licensure laws for nursing homes will be provided after July 1, 1953 by an amendment of the Social Security Act which states that federal funds for payments of old age assistance, aid to the blind and disabled be made available to persons in public or private institutions only if there is a "State authority or authorities . . . responsible for establishing and maintaining standards for such institutions." The use of public assistance checks for paying monthly boarding rates now appears to be supplanting the old method of financing nursing homes in which the individual agreed to turn over various monetary assets to the home in return for life-time care.

Despite the evident trend toward improvement, a recent 12-month survey by the New York State Department of Social Welfare of 754 private boarding and nursing homes for the aged revealed that only 282 were accorded a rating of better than fair; 318 were rated as fair; 133 as poor and 22 as bad. Deficiencies seemed to fall into four areas: 1) safety provisions; 2) medical and nursing services; 3) dietary planning; and 4) record keeping. Almost 50 per cent of the homes were without either registered nurses or licensed practical nurses.

The need [Continued on page 61]

### BOOK REVIEWS

### Psychology for Nurses-



by Bess V. Cunningham. Tops in its field is this newly revised edition which includes a non-technical glossary and author index as well as a

subject index. Throughout the text definitions of unfamiliar terms are inserted parenthetically as they are used. (Second edition, Appleton-Century Crofts, Inc., New York, \$3.50)

### Nursing Service Research-



by Viola C. Bredenberg, R.N. Results of preliminary research studies conducted at the Providence Hospital, Washington, D.C., demon-

strating that properly functioning nursing teams of professional nurses and nurse assistants increase quantity and quality of nursing service, and that the 1:2 ratio of the former to the latter appears most satisfactory. (J. B. Lippincott Co., Philadelphia, Pa., \$5.00)

#### Industrial Health and Medical Programs-



by Margaret C. Klem, Margaret F. McKiever and Walter J. Lear, M.D. Almost 400 pages of statistical and informational data on indus-

trial health, including types of industrial medical services, professional personnel, records, medical care plans and other subjects. This reference pamphlet belongs in every industrial nurse's library. (Federal Security Agency, Public Health Service Publication No. 15, Washington, D.C. \$1 prepaid to Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C.)



# Hope for Childless Marriages

■ CHANGING IDEAS of modesty, and the progress of medical science have led an increasing number of childless couples to seek assistance for their suspected infertility. Because nurses are often the confidantes of patients and friends, it often falls upon them to direct these individuals to their private physician or an infertility service where they may undergo special tests and treatments. It has been estimated that about 30 per cent of all barren marriages can be rendered fertile under the proper medical care and guidance.

Fertility studies are participated in by both men and women, for contrary to popular opinion, the husband may be as responsible for by Nell B. McKay, R.N.

The author was associated for many years with a fertility clinic. Out of her experience has come this account of a service which has helped many a husband and wife to become a father and mother.

the failure to conceive as his wife. For this reason, a husband and wife reporting to an infertility service for the first time are both considered suspect until proven otherwise.

The first step in a couple's infertility study is a physical exce ination to determine whether there are any physiological defects or anatomic anomalies that might account for sterility. Some of the causes of fe-

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male sterility frequently discovered under examination are fungous infections of the vagina, vaginitis, an infantile uterus, or malposition and tumors of the uterus. If the woman is found to have an inflammation of the cervix, the condition is treated by a qualified gynecologist who specializes in fertility research. Some women may also have a pinpoint opening in the cervix which must be dilated under anesthesia in order to allow passage of a mucous plug from the cervical canal.

Before the woman undergoes intensive study, however, the seminal fluid of her husband is tested to determine its quality, and the number, motility and cell structure of the spermatozoa. When there are no spermatozoa, the man is said to have azoospermia, a condition caused by an obstruction in the seminal ducts or by a breakdown in sperm production caused by injuries, infections, glandular disturbances, anatomical anomalies and diseases-particularly mumps. To determine whether the fault lies with the failure of spermatogenesis or an obstruction, a microscopic examination of a portion of testicular tissue must sometimes be made.

If the quality and the quantity of spermatozoa are found to be deficient, the patient is usually advised to follow a special health regime. Limitations are generally placed on smoking and drinking, and vitamin therapy may be prescribed. If the husband is overweight, he should be put on a low-caloric diet. His menu should also be high in protein foods;

hormones are sometimes administered, but these are expensive and it is questionable whether they are of much benefit to the male.

Most fertility specialists have a basal metabolism test done on their male and female patients to see if the thyroid is functioning properly. In patients where the gland is underactive, thyroid medication often stimulates fertility by promoting ovulation, or increasing the spermatozoa. Ovulation may also be helped by estrogen therapy, diathermy, radiation to the pituitary gland and ovaries, a high protein diet, and the use of wheat germ, vitamins B and E, and iron. And, as in the case of men, women are urged to lose weight if their excess poundage is not due to disturbances of the thyroid or pituitary glands.

One common reason for the inability of a woman to conceive is related to the relatively short life of the ovum-probably not more than about 24 hours. This means that there is a very short span of time in each month when the ovum is able to be fertilized, and therefore, pregnancy will ensue only when sexual relations take place within this limited fertile period. It is surprising to find the number of women who consistently, year after year, miss this period because they do not know the precise time of ovulation. Women of the Orthodox Jewish faith, who may ovulate early in the cycle, have been known to miss their fertile span by observance of the Hebrew law forbidding sexual relations for seven days after the cessation of the men-

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ses. In the majority of cases, each woman has her own individual pattern and time of ovulation. Some women menstruate regularly every 28 days, but will ovulate as early as the tenth day or as late as the seventeenth day rather than the fourteenth day of their cycle. There are women who ovulate one month and then skip a month or two; some women ovulate every third or fourth month. And, peculiarly enough, a woman can menstruate regularly every month and never ovulate.

Fortunately, it is now possible to determine the occurrence or the time of ovulation by the simple method of charting the daily body temperature. Many years ago Dr. T. H. Van de Velde noted that there are significant degrees of temperature

changes in each woman as she proceeds through her menstrual cycle. His experiments brought out the fact that when the four or five days of the menses are finished, the temperature is low, that is, below the norm of 98° F. The temperature remains low until ovulation occurs, then it rises, either gradually or sharply, to about 98.6° F. The temperature remains high until the day before or the day of menstruation, when it suddenly drops 4-6 tenths of a degree. If fertilization has taken place, the temperature continues on a high level.

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To illustrate this procedure, consider the case of Mrs. Davenport who had been trying for many years to become pregnant. Mrs. Davenport was told [Continued on page 55]



"Maybe she'll ask us one we know."

October R.N. 1951



### CANDID COMMENTS -

### Getting Along Together

■ MAN IS THE MOST important element on earth—and the most important job man has is to learn how to get along with his neighbors. The succession of wars shows how little humans have yet learned of the art of getting along together. There can be no permanent peace or assured security until man's spiritual stature catches up with his material developments. And this depends upon how fully each of us realizes that our moral responsibilities grow as our worlds grow.

Nurses need a new pattern for getting along together (and I do not refer to our recently adopted Code of Ethics). The old pattern is outmoded as our preparation and practices change. Each change brings changes in our relations with each other, with our professional associations, with our allies, and with our patients. This is a very important point to keep in mind. As our hospitals and health agencies grow larger, we have more bosses, more kinds of bosses, and more bosses who are rarely seen by the rank and file. As our associations grow, and tend to centralize power, the individual's place and participation become smaller. As doctors delegate more scientific tasks to professional nurses, questions of ethical, legal and educational import loom large. As more types of workers join the nursing team, the old personal tie between nurse and patient is seriously threatened, if not actually destroyed.

We need to do a whacking good job in developing better ways of getting along together for we have an enormous chore before us. We aim to improve the working conditions of nurses, to make radical changes in nursing education, to divide the nursing job into sectors with a variety of workers. In addition, we are trying to stretch our resources over the sharply increased demands of war and peace. Our task is to do these things with a minimum of mistakes, and there are plenty of chances for mistakes as we are forced through pressures to make compromises. Hospital staff nursing, for example, can easily, under present-day conditions, become a system of compromises rather than remain a distinct branch of nursing-and the patient can lose one of his most needed friends.

The need for a new pattern in our relations with each other is pressing. This age of anxiety and change calls for bigger minds and souls. Every

by Janet M. Geister, R. N.

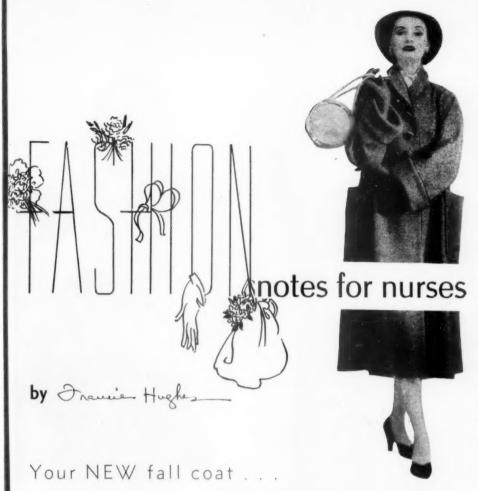
profession-indeed our whole society -must expand intellectually and spiritually, or we shall have chaos; yet some observers believe we have diminished instead in moral and spiritual stature. In nursing, our losses show up in the quality of care some nurses are satisfied to give; in the indifference of some to all but a paycheck; in the failure of others to consider the rights of those who are fearful of being pushed aside in the complex new plans for nursing. I believe that a considerable part of the apathy and careless work of some nurses is directly attributable to their sense of impotence in the drive to change the face of nursing.

There are some who believe that given a new structure to unite our associations organically, our profession will naturally "unify." Will two national associations instead of six increase the faith of the large segment of nurses who now belong to none? Can structure heal the hurts and wipe out the resentments of nurses who feel that their contributions to good care are too lightly considered? Structure is simply structure-a building set up to hold a familv-the lines of travel are carefully marked out. It takes more than four walls, however, to create the spirit necessary for constructive and good living, and to reconcile the opposing philosophies within nursing's family.

A large but inarticulate group has a deep belief in the need for and values of bedside nursing by professionals. A smaller but stronger group seems to be leaning away from that idea. A large but inarticulate group believes there is a clear place for private practice in the program of nursing. A smaller but stronger group simply doesn't mention the subject. A large but inarticulate group believes that the judgment, knowledge and character achieved by nondegreed nurses in successful experience should have greater recognition in administrative appointments. A smaller, stronger group seems to be leaning in another direction. These conflicting philosophies are not building a spirit of unity. Rather, they are having an opposite effectlet no one doubt that serious fact.

We need not lower the sights of our objectives. Nursing has fought long and hard to eliminate the wrongs in nursing education. I doubt if any profession has ever been more honestly self-appraising than ours; more willing to sacrifice greatly in order to develop its usefulness to the highest point. It is not our motives for nursing that need changing, but our attitudes toward nurses. We've changed a lot in this respect in the past few years-for the better-as greater effort is made to keep nurses informed and have them share in the decisions on major issues. That is good, but it's just the beginning.

The pattern we need in our relationships does not involve new mechanisms or pamphlets. We need a greater sense of sharing, based not alone on round tables or suggestion boxes, but on a vigorous overhauling of our concepts of the rights of all nurses. I dislike the term "rights," for too many think of their rights but not of their [Continued on page 70]



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## SHOULD IT BE CASUAL?

Have a look at your life and choose your coat accordingly. The smart R.N.'s choice (your editor's way of prophesying the season's favorite) is this new and important-looking casual tweed, above. It is newer than last year's "pyramid" because it is slimmer, straighter, easier to wear. And it is important because of its fabric, "deer-track" tweed in a season when textures rate so high. Its maximum pockets and minimum price are important too. \$55. By Lassie Maid.

## Your NEW fall coat

## SHOULD IT BE DRESS



More conservative but as elegant as the princess coat above, is Lassie Maid's broadcloth box coat, right. Velvet yoke, buttons, cuffs, all say "dressed for best," at \$55! If you yearn to be a social butterfly when duty's done, your choice should be Lassie Maid's broadcloth princess coat, left. Fine fabric, cut, detail, total a painless \$55 altogether.



## OR ALL-PURPOSE?

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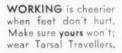


Fit to go anywhere, anytime —designer Myna of Bagedo-now's red cordurella basque coat, wool-interlined, with stand-up collar, shirred skirt, leather belt—a purposeful prize-winner for under \$70.

FOOTNOTES:



WALTZING is heaven in fringe-bordered ballerina-slippers of green satin by Gay-Toes.





WALKING, good exercise, is also good fashion in Toni Drake's lowheeled, sawtooth "ties."

Please note: Prices are approximate. For nearest store carrying items you want, write makers. Names, addresses on page 94.

## Nurses make fashion . . .



A STYLE-CONSCIOUS STUDENT NURSE, trying to make do with a full-skirted black wool dress that had hung in her closet for several seasons, gave it a new look by wearing it over two wide taffeta petticoats, one red, one beige, that swished and showed prettily as she moved.



A DETROIT GRADUATE has been using a magic new cream, "Sta-On," smoothing it on in a circle around her legs at the top of her stockings to keep them up without garters; she uses it also to keep shoulder straps from slipping; says it can serve to hold surgical dressings too.



ANOTHER PLAYFUL STUDENT, invited to go to a Hallow'en dance, thought she'd enter into the harlequin spirit of the evening—tacked little jingle bells around the hem of her faille skirt, and tinkled pleasantly as she went spinning around the dance floor.



A SUPERVISOR OF NURSES, reading that the new Dior suits had tiny fur ascots tucked into the necks, dug out an old black seal coat, salvaged a strip of fur, tacked it onto a strip of red felt, leaving a narrow red border on each side, so rejuvenating last year's fall suit.





WILL INGENIOUS R.N.'s who have hit upon new ideas or new uses for old ones, or on unusual ways of pepping up tired wardrobes, please write us about them. We'd like to publish them to benefit other R.N.'s. We will use your name and affiliation, or not, as you prefer.

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October

# Medical Immortality

## by Virginia D. Randall

■ THE MEDICAL PROFESSION often honors a physician or surgeon who devises a new use for an old tool or suggests an easier approach to a hard problem by naming the tool, operation or procedure after him. For example, Hodgkin's Disease was named after Dr. Thomas Hodgkin, the first medical man to call attention to the syndrome of this disease. Most nurses know the specialty for which certain men have become well known. Can you tell what each of the following is famous for?

| 1. Smith-Petersen a. Position  |  |
|--------------------------------|--|
| 2. Kirschner b. Procedure      |  |
| 3. Brightc. Forceps            |  |
| 4. Kocherd. Disease            |  |
| 5. Bell                        |  |
| 6. Thomas                      |  |
| 7. Jenner                      |  |
| 8. Jarvish. Nail               |  |
| 9. Mann i. Operation           |  |
| 10. McBurneyj. Splint          |  |
| 11. Binet-Simon k. Wire        |  |
| 12. Kochl. Vaccine             |  |
| 13. Nicolam. Snare             |  |
| 14. Trendelenburgn. Phenomenon |  |
| 15. Whitman Palsy              |  |
|                                |  |

Answers to quiz on page 74.

## CURRICULUM BUILDING

by Ruth Rhodes Joseph, R.N.

■ IN FORMER DAYS, nursing students obtained their education the hard way, contingent on the needs of the hospital. Many nurses still remember the times when they were forced to listen to lectures after a 12-hour stint of duty, or remain six months on a certain service because they showed a special aptitude.

Our nursing schools have changed drastically since that rigorous age, not only in the matter of more humane working hours but also in regard to the students' education. As hospitals were weaned away from an opportunist use of student labor, the spotlight turned on the needs of the students themselves. And today, the question which confronts most professional nursing schools is: How can we best prepare the nurse for the professional duties and responsibilities she must assume while in school and after graduation?

The clinical teaching program of the modern nursing school attempts to answer this question in a scientific manner by coordinating nursing theory with nursing practice. The hospital which provides "patient situations," is often designated by nursing educators as the laboratory where the student can apply her theoretical accumulation of knowledge. All activities of a learning nature are looked upon as part of the nursing curriculum, and everyone concerned with the care of the pa-

tient, as well as with the educational program, plays an important role in curriculum planning.

With this unified approach to the educational needs of the student, many new terms have come into popular use. One of the first words was "correlation," but this is gradually being replaced by "integration."

What do the educators mean by "integration"?

Briefly, an integrated curriculum would be one which is built around some central purpose or objective. Full integration would be achieved by a series of progressive selected experiences geared to the general purpose of the school, and so arranged that each becomes a tool or skill capable of being used in successive nursing experiences.

But let's consider some of the more specific principles of integration which may be followed by any professional nursing school—collegiate or hospital—desiring to set up an integrated program. In the beginning these schools should:

▶ Organize an educational council or committee to study curriculum problems and coordinate the over-all educational program.

▶ Decide on the philosophy of the school and set up common goals.

▶ Determine objectives that surpass the requirements of the state board of nurse examiners.

► Organize teaching methods and

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materials into a functional plan with integration of subject matter.

► Set up classroom policies.

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► Consider community needs as well as resources in developing an organized curriculum plan.

Survey clinical resources and set up master lists of diseases and conditions for each clinical specialty to serve as a basis for the clinical teaching program. (Since resources vary with each hospital such a study will help to discover weaknesses as well as available facilities.)

▶ Specify teaching responsibilities of each member of the nursing staff, but create a sense of responsibility in each for every student's welfare.

No strict division should be made between theory and practice as related to definite nursing problems, or between preclinical and clinical supervision except when assignments are carried out in order to attain the general purposes of the school. Needless to say, a sound system of supervision will greatly strengthen nursing education and nursing service, and will serve as another coordinating factor in the program.

Perfect correlation of theory and practice should be carried out in the rotation of students from one service to another with adequate orientation for each new service as well as for each new experience within that service. Nursing theory should precede or parallel each experience. Although each student should have an equal amount of time in each service, individual progress should help to determine the sequence of rotation and assignments. If the stu-

dent is properly prepared for each new assignment, her nursing ability will increase with each experience,

Any successful program of nursing education will necessarily depend on an adequate plan of guidance and testing. Under this plan as much consideration should be given to development of the student as to mastery of subject matter. But not all of the qualities of a student can be measured by graphs and charts. We must also take into account the more elusive aspects of maturity, character, adjustment and attitudes.

Periodic progress studies will help to determine how well the objectives of the school are being accomplished. But remember that objectives themselves should be subjected to careful scrutiny. After all, the purposes of the school may change as new advances are made in the fields of education and nursing. It is perfectly possible that "integration" will be an outmoded term in future generations.



October R.N. 1951

## How to File Your Follow-ups

by Dorothy Knight Estee, R.N.

FOR YEARS NURSES in industry have realized the need of a follow-up system on the illnesses of employes, and many methods have been attempted without complete success. Carrying out an effective health program in addition to performing routine nursing duties takes up so much of the nurse's day, particularly in small plants which employ only one nurse, that the nurse may think it almost impossible to find time for periodic interviews with individual workers. Another factor which may hinder a program in many plants is the pressure of production which prevents the nurse from calling workers away from their jobs.

In organizing a follow-up system, there are many details involving company policies which must be considered. The set-up must be approved by management, convenient for the nurse, and beneficial to the employe. It took over two years of planning for the medical staff of the Boston Electronics Division, Sylvania Electric Products, to evolve an adequate follow-up program. But now that the system is finally completed and in action, it has proved to be invaluable, not only for its original purpose, but also for its other uses. The ensuing explanation of how our program was developed may help many nurses who are still struggling for an answer to this common and perplexing problem of record keeping.

The average nurse has very little knowledge of business procedures, and she must often consult those who are trained in this field. Therefore, the program here outlined was the result of several meetings with business consultants. It was set up with the assistance of a clerical helper. First an analysis was made of all the necessary details to be covered such as:

- 1. Listing of the names of employes who need follow-up.
- 2. Determination of the number of people with specific illnesses.
- A systematic method of rotation which would eliminate the use of memory, and yet allow the nurse to gauge her own time for this purpose.
- A method of calling employes to the medical department without disrupting work schedules.

A filing system seemed to be indicated, yet the usual card file did not prove to be adequate, and created additional record-keeping for the nurse. When the need for colored tabs became apparent, the office girl diligently began with colored pencils to make tabs for each illness. But the file soon became bulky, there were not enough colors, and once more it seemed useless. However,

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the use of cards and tabs seemed to be the only solution to the problem, if the method could be simplified.

Eventually it was decided to use a code system whereby the file would be used only for reminder purposes. Accordingly, all information was removed from the cards except the name and department, and small metal tabs were placed in various positions to eliminate bulkiness. This was the basic foundation on which the system was established.

Outlined are the procedures used in starting the program:

#### I. FILE PREPARATION

#### A. Code

- 1. Key to code (For reference)
- a. A list of 28 headings covering all types of illness (industrial and non-industrial) was compiled by the nurse.
- b. A number was placed beside each heading ranging from 1 to 28.
- c. These headings and numbers were typed on two 3" x 5" white cards (14 on each).
- d. Example of one card:
  - 1. Diabetes
  - 2. Hypertension
  - 3. Cardiac
  - 4. Lung Conditions
  - 5. Hernia
  - 6. Vision or Eye Conditions
  - 7. Ear-Nose-Throat
  - 8. Job Restrictions
  - 9. Job Complaints

- 10. Industrial Exposures
- 11. Stomach Disorders
- 12. Old Age
- 13. Recent Illness
- 14. Male & Female Disorders
- e. These cards were prepared for reference only and it was not intended that they be kept in the file, unless the nurse has sole access to the file and can make adequate provision for its privacy.

#### 2. Color Code for File

- a. Colored metal tabs (Graffco Nu-Vise Signals) were placed in line on two white 3" x 5" cards (14 on each) and numbered 1 to 28; the number and color to indicate the illness listed on the reference card described above.
- b. Example:

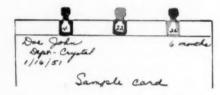


c. These color codes were to be kept at the front of the file.

## B. Individual Cards

- The name of the employe and his department were typed on a card.
- A correctly colored metal tab was placed on the card in the same position as that on the color code indicating his ill-

- ness, and properly numbered. If more than one condition existed, several tabs were used.
- 3. A date for follow-up was placed on the card, and the time between interviews noted. For example, John Doe might have had hypertension and a hernia which required job restrictions. His follow-up date was January 16, 1951, and the nurse wished to see him every six months. His card would appear thus:



- This card was filed by date (not alphabetically). The same procedure was used for every employe who had any type of illness.
- When the file was completed, the tabs appeared in rows directly behind those on the color codes, with two colors in each row representing the 28 headings.

#### C. Index

- 1. Index cards were made to separate the cards by months.
- At the back of the file a list of the names and tab numbers were prepared for reference.

3. Example of index card:

| HAME                          | NO.          | HAME                          | NO.          | NAME            | NO.          | NAME  | NO |
|-------------------------------|--------------|-------------------------------|--------------|-----------------|--------------|-------|----|
| Adams<br>Appleton<br>Anderson | 6<br>10<br>7 | Aronsen<br>Armstrong<br>Anody | 21<br>5<br>2 | Allen<br>Ashman | 16<br>6<br>5 | Anton | 8  |

4. The purpose of this index was to determine where a certain card could be found, or as a check to be sure the card was in the file.

### II. FOLLOW-UP PROCEDURE

#### A. Medical Interviews

- The individual cards are filed by date according to the number of people the nurse wishes to see each day. In the morning she removes the cards scheduled for that date.
- 2. These employes are called and asked to report to the nurse at certain times which are convenient for them as well as for herself. The foremen should be informed of these appointments to enable them to know the whereabouts of their workers.
- The medical records on these people are reviewed before they appear, therefore the nurse has the necessary questions in mind, and is prepared for routine tests such as urine examinations or blood pressure checks.
- The information received is recorded on the medical records. If there are conditions

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present which need medical attention, the physician is informed. He examines the worker and makes further recommendations if necessary.

- After the interviews are completed, the dates on the follow-up cards are changed, and the cards are re-filed under the new date.
- In this way the cards are rotated to appear automatically on the next follow-up date.

The file may also be used as a memory tickler. If there are phone calls to be made on a certain date or an appointment to be remembered, the information is noted and filed under the proper date, not in the nurse's pocket. When the card appears and the transaction has been completed, the card is destroyed. If the nurse wishes to analyze the number of people in the plant with specific illnesses such as diabetes or cardiac conditions, a fast tally can be made by counting the number of specially colored tabs in the position which indicates the illness. For instance, there may be 24 green tabs in No. 1 position which means that there are 24 people who either have diabetes, or have the presence of sugar or albumin in the urine. A further break-down requires a review of their medical records. A view of the file will easily show which illness is most prominent among the group for particular observation and follow-up. This program will eventually include every employe in the plant, with one color to distinguish the healthy. If conditions arise among

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this group, the color will be changed to correspond with the new illness.

Many nurses may think that this program involves a great deal of extra work. Perhaps this would be true if it were attempted on a large scale, but it can be done with one or two cases each day. Over a period it will grow with very little demand on the nurse's time. If the program is carried out faithfully it has many advantages:

- Except for minor complaints, the transient visits to the medical department are reduced considerably.
- The nurse and physician soon know each person as an individual.
- ► Complaints of illness with vague symptoms which may indicate several conditions are sharply decreased.
- Counseling of employes is more effective.
- As the workers understand that they will be called periodically, they avoid unnecessary visits to the medical department between interviews.
- Employes are confident that the physician and nurse understand their conditions and will keep in touch with them.

Since this follow-up method has proved to be of tremendous value to Sylvania employes, there is no reason why it shouldn't work in other situations. Certainly, it furthers the aim of all industrial nurses, which is to know the individual worker and his problems and to assist him in every way possible to maintain health and happiness both on and off the job.

<sup>\*</sup>Follow-up methods similar to this one have been utilized successfully by visiting nurse agencies and other organizations.

ANYONE ILL enough to enter our hospital on a stretcher was Nora's particular concern. To the personnel department, she was just a maid in the emergency room, but to a new and frightened patient, she was the very breath of hope. "There, now," she'd say softly, "we'll be taking care of you, we will. You came to the right place, you did." And if it were Irish Nora who appeared upstairs, pushing a stretcher from "emergency," a head nurse knew that no matter how crowded her ward might be, somehow room for the new patient would be found. There'd be no peace for anyone until it was. Once I told Nora that if she died before me, I would arrange to go through the pearly gates on a stretcher, for then she surely would move all of heaven to find a place for me.

A patient who could walk into the hospital received less whole-hearted sympathy, unless there were enough blood and groans to remind Nora that serious injury does not always cause the victim to fall over in a state of coma. When the "walking wounded" were numerous, Nora's concern was for the young nurses and medical students—"Poor dears, spendin' all their lives to help sufferin' humanity. And them not appreciatin' it atall, more's the pity."

Deceptively frail in appearance, Nora could last out a busy day with the best of us. She'd whisk into the elevator on a wintry morning, half an hour early to work. "There's to be a new student this morning and we must be getting her off to a good start," she'd announce as she checked



in. All that day she would be close to the student, her bright eyes watchful. By noon she'd know exactly how the student rated. "She's a foine one," she'd say. "Ah, she's a wonder. Anyone would love her, she's that nice to the poor ould souls that come in to be patched up."

Occasionally she'd shake her white head ominously. "Mark my words, that gurrl's no nurse atall," she'd snap out. "Dearie, you must watch that one. She's a giggler and can't forget for a minute how young and pretty she is." Usually, however, she'd add philosophically, "Ah, well, she'll be marryin' soon, I'm sure, and leavin' us for some poor young man who cannot live without her, and we shall have to run our hospital alone."

Nora was a shock absorber. When

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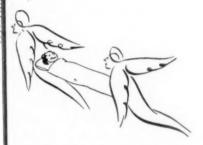
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## IRISH

## **NORA**

by Adele Miller, R.N.



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it seemed that we couldn't keep up with the wartime demands of more patients and less and less help, Nora could be counted on to lend a sympathetic ear. I remember one unusually busy day in emergency, when all of the doctors were tied up in surgery, but the accident cases kept coming in. We had done all that we could do, but there just weren't enough pairs of hands and feet. The clinic supervisor turned to Nora and said in a tone of quiet desperation, quite unlike her usual calm efficiency, "Nora, if one more hemorrhaging patient has to wait a whole hour to get some treatment, I shall simply give up." Nora patted her shoulder as if she were a frightened student nurse. "Now, dearie, vou know I'll help you take care of them all. And where would they go if you and me gave up? What you need is a cup of coffee, dearie."

A cup of coffee was Nora's way of meeting every problem and tragedy. I'll never forget how one young intern on ambulance duty came back from his first trip with a DOA. A mother had telephoned frantically—her five-week-old baby had started to choke and turn blue. By the time the young doctor had crossed town in the ambulance at top speed, the baby's pulse was faint. Artificial respiration or oxygen didn't help; the little fellow's only chance was to get him at once to a hospital for surgery—but he arrived too late.

Nora stood by while we did the sad, futile routine things and tried to comfort the mother. At last everything was done. The young doctor stood looking out the window toward the heart of the city. Patients were waiting in the next room, but he didn't seem to notice. Nora came in then, and without a word handed him a steaming large cup of black coffee. He looked at her for a minute before he took it. "Nora, I believe you think that black coffee, if it were strong enough, would bring the dead back to life."

She shook her head. "That it won't. But sometimes it helps you remember we aren't all dead yet."

Nora was pretty sure that the main reason why we weren't all dead yet was her care in keeping us from walking under ladders, and in reminding us to carry horse chestnuts during the winter months. Anyone who [Continued on page 76]

## REVIEWING THE NEWS ----

► HAIL AND FAREWELL: To the new Army Nurse Corps Chief, Col. Ruby F. Bryant, hail, and to retiring Col. Mary G. Phillips, farewell. Col. Bryant, a graduate of the Army School of Nursing, Army Medical Center, Washington, D.C., has seen continuous Army service since 1934. Although she left the Philippines in 1940 before the Japanese attack, she had helped to equip the Malinta Tunnel Hospital-the hospital that played such an important part in the siege of Corregidor. In 1945, Col. Bryant returned to the Philippine Islands as Director of Nurses, and later relieved Col. Phillips as Director of Nurses for the Far Eastern Command in Japan. Just prior to her appointments as ANC's Deputy Chief and Chief, Col. Bryant was nursing consultant for Sixth Army Headquarters in San Francisco.

► ARMY ROLL CALL: Two "wrongway Corrigan" Army nurses, Lts. Lynette McCoy and Geraldine Johnson, who set out from Berlin for a drive into West Germany, landed up in East Germany to spend the weekend in the custody of the Russians. Their detention was termed "arbitrary and unreasonable" by U. S. officials . . . Maj. Madeline Ullom, ANC, who began earning her college credits at Santo Tomas University in the Philippines as a Japanese prisoner of war, has received her Master of Science Degree in nursing service administration at Catholic University, Washington, D. C. Major Ullom's new post will be that of chief nurse at the U.S. Army Hospital in Albuquerque, N.M. . . . Col. Verena M. Zeller, recently appointed Chief of the Air Force Nurse Corps, and Col. Miriam E. Perry, Chief of the Air Force Women's Medical Specialist Corps, are the first two women in the Air Force Medical Service to be promoted to the rank of Colonel.

► CAPITOL COPY: Teen-age addiction to drugs has prompted the introduction of four House bills asking for the establishment of a USPHS hospital at Ellis Island for juvenile drug addicts. Under the bills' provisions, the Surgeon General would be authorized to admit for care and treatment any young addict (under 21 years) upon his own application or that of his parents, or upon the recommendation of state or city correctional officers . . . The Congressional Record has reported that ANA expenditures for lobbying activities during the first quarter of 1951 amounted to \$2,834. ANA's receipts for this period-derived from duestotaled \$281,605 . . . A new bill, H.R. 5133, which professional nurses will view with alarm, would liberalize the requirements for appointment in the Nursing Service of the Veterans Administration by amending the section of Public Law 293, which states that any person eligible for appointment in the Nursing Service must "have successfully com-

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pleted a full course of nursing in a recognized school of nursing, approved by the Administrator, and be registered as a graduate nurse in one of the States or Territories of the United States or in the District of Columbia." According to the amended version, nurses must "have successfully completed a full course of nursing in a recognized school of nursing, approved by the Administrator, or have had such nursing experience and training as the Administrator may consider appropriate and adequate to meet the needs of the Nursing Service, and be registered as a nurse or graduate nurse in one of the States or Territories of the United States or in The District of Columbia." . . . Public hearings on the Bolton bill (H.R. 910), providing federal support for nursing education, were scheduled to open September 12.

TAX SAVINGS for hospital employes, including nurses, residents, interns and sub-professional help, will reportedly amount to \$115 million annually under the liberalized policy on maintenance handed down by the Bureau of Internal Revenue. According to this clarified ruling, employes who "live in" in order to be available for emergency service, and who would not receive a cash allowance if they boarded outside the hospital, do not have to pay an income tax on the value of meals and lodging. Such

exemptions may be carefully checked, however, and hospitals are asked to certify to revenue collectors in their area the names of personnel eligible for exemption. The workers themselves may also be required to account for their time on duty.

► STATE LAWS: New nursing legislation in California, establishing the nursing classification of licensed vocational nurse (L.V.N.), provides for licensing applicants who have tenth grade educational requirements and who have completed a minimum oneyear course in accredited schools, or who have equivalent experience and education . . . Another California law allows professional nurses registered or licensed in other states or Canada to obtain temporary permits from the State Board of Nurse Examiners to practice in California until January 1, 1954, provided they are citizens of the U.S. or have declared their intention of becoming citizens. Such nurses, however, are not eligible for SNA membership, since licensure is a membership requirement in California . . . Under the provisions of a Pennsylvania law passed last summer, benefits will be available for a nurse for disability or death as a result of tuberculosis arising out of employment in a private, public or non-profit hospital or sanatorium, if such employment involves exposure to TB . . . New leg-



islation in New York allows out-ofstate nurses awaiting licensure to be employed in a hospital or public health agency for a period of six months from the date the New York State Education Department acknowledges receipt of affidavits.

► FILM FARE: Nurses, doctors and hospitals take a ribbing in the new movie, "People Will Talk," starring Cary Grant and Jeanne Crain. Such practices as waking the patient for a bath or breakfast are avoided in Dr. Grant's clinic which has been founded for sick people-not inmates . . . The role of flight nurses in the evacuation of the wounded from Korea will be the subject of a future Republic Pictures film to be called "Flight Nurse" . . . "Target, U.S.A.," a 20-minute film designed to guide industry in preparing for an atomic attack will be distributed by Cornell Films in both color and black and white to industry, national, state and local defense corps units, schools, unions, business groups, and fraternal and patriotic associations.

▶ STRUCTURE DATA on the twoorganization plan now being readied for presentation at the ANA Biennial next spring, has recently been released by the Joint Coordinating Committee on Structure. Both this committee and the structure committees of the national nursing organizations promise that members will have sufficient time to study the recommended plan in detail before voting time.

Under the plan, as it stands now, the ANA, with some changes in its by-laws, will serve as the organization for professional nurses and professional nursing students. The students, who will for the first time enjoy the privilege of ANA membership, will participate in their own council. More national sections will be added and there will be an expansion of the original ANA's functions. Continuance of membership in the ANA, states the committee, is essential.

Membership in the Nursing League of America, the organization dedicated to furthering the development and improvement of organized nursing services and education for nursing, will be open to nurses and other citizens, including consumers of nursing, board members, nursing education units and members of other professions. All nurses eligible to join the ANA will be eligible for NLA membership. Students in accredited schools of nursing will also be invited to join.

According to the Committee, the nucleus of the NLA will be the National League of Nursing Education. This will necessitate the changing of this organization's articles of incorporation and by-laws to conform to the new structure plan. After appropriate action, the AAIN and the NOPHN will transfer most of their functions and all of their members to the NLA, and the Association of Collegiate Schools of Nursing will transfer its entire program and all of its members. The members of these three organizations, as well as the NLNE, who have paid their 1952 dues will become charter members in the new organization. In addition

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to the transferred members, the NLA is expected to have many new members—including the nursing services of the hospital.

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The committee reports that all professional nurses and non-nurses, who join either NOPHN or NLNE for 1952, will automatically be transferred to NLA when it is organized. Industrial nurses, who hold active membership in the AAIN for 1952, will be transferred if AAIN members take action on the new structure before December 31, 1952. Charter membership is also available for collegiate schools through 1952 membership in the ACSN. Other agencies may join through the appropriate organization.

For information on membership in the present five national nursing organizations, write to the following: AAIN-Mrs. Gladys L. Dundore, Executive Secretary, AAIN, 654 Madison Avenue, New York, N. Y.; ACSN -Elizabeth S. Bixler, President, AC-SN, c/o Yale University School of Nursing, 310 Cedar St., New Haven, Conn.; ANA- Ella Best, Executive Secretary, ANA; NLNE-Julia M. Miller, Executive Director, NLNE; and NOPHN-Anna Fillmore, Gen-Director, NOPHN. NOPHN and NLNE are located at 2 Park Ave., New York 16, N.Y.

▶ NEW JERSEY'S FIRST four-year basic nursing school under state auspices has been launched at the Newark Colleges of Rutgers University. The new curriculum, which will also allow graduate nurses to complete degree requirements in two years, will be conducted in cooperation with hospitals and clinics in the Newark area. Ella V. Stonsby, assistant professor at the Newark Colleges, has been named director of the program . . . Seton Hall University in New Jersev will also inaugurate a revised general nursing curriculum this fall under its re-organized and autonomous school of nursing. Advanced standing of 60 semester hours credit is granted toward the 130 needed for a nursing degree. Placement of the student is determined by an evaluation of credentials based on professional records and the graduate nurse qualifying examinations developed by the NLNE's Department of Measurement and Guidance. The special programs in nursing education and public health nursing will be continued for students already matriculated but will terminate after these courses are completed.

► CONVENTION CALENDAR: Scheduled for October 8-10 at the Palmer House in Chicago is the 58th Annual Convention of the Association of Military Surgeons of the United States, which will be participated in by physicians and members of the allied medical services, including nursing, dentistry, the medical service corps and veterinary medicine. Convention topics will center on recent advances in military medicine and current problems engendered by the critical world situation and the Korean conflict. Maj. Dorothy C. MacLeod, Chief Nurse, Veterans Administration, is the president of the Nurse Corps Section . . . The 79th Annual Meeting of the American Public Health Association and the 18th Annual Meeting of its Western Branch will be held in San Francisco the week of October 29 . . . An address by Capt. Winnie Gibson, director of the Navy Nurse Corps, will highlight the luncheon meeting of the industrial nursing section of the 39th National Safety Congress and Exposition at the Palmer House in Chicago on October 8. Two other meetings of the section will be held at the Stevens Hotel. Speakers at the Ocober 9, meeting will be Dr. Charles Shook, Agnes E. M. Anderson, assistant executive secretary of the ANA, and Catherine H. Smith, industrial nurse for the Coast Federal Savings & Loan Association of Los Angeles. . . Check your state bulletins for all convention dates of state nurses association conventions.

- ▶ ABOUT PEOPLE: Pearle G. Morrison, a Hunter College graduate in nursing education, is serving in Liberia as nursing arts instructor with the U. S. Health Mission to Liberia . . . The 48-member, Defense Advisory Committee on Women in the Services, appointed to advise on utilization of personnel and improvement of recruitment and service opportunities, includes two physicians and one nurse—Mrs. R. Louise Mc-Manus of Teachers College, Columbia University.
- ► MUCH NEEDED REFORMS in the governmental health program for Indians have been recommended to a Senate subcommittee by Dr. Ray-

mond C. McKay, tuberculosis specialist at the City Hospital, Cleveland, Ohio. To reduce the high contagious and infectious disease rate among Indians, Dr. McKay advises setting up medical centers with educational and consultation services provided by nearby medical schools along the lines of the Veterans Bureau. The nursing problem could be solved, he says, by expanding "educational facilities among the Indians to provide high school graduates to fill the nurses' training school which should be established for Indian girls."

- ► FULL ACCREDITATION by the National Association for Practical Nurse Education has finally been achieved by the Burdick Vocational High School of Washington, D.C. (See "Practical Nurse Discrimination," R.N., Dec., 1950). Under the new program developed by the public schools and George Washington University Hospital, graduates will be eligible for civil service positions in government hospitals. Students will train for 17 weeks at the school followed by 32 weeks of experience in various types of nursing and dietetics at the hospital.
- THREE LARGE-SCALE research projects on fundamental information about the nation's health are now in the study and planning stage. Facts to be determined include: the availability and costs of health and medical care; the incidence of accidents and ill health; popular beliefs, attitudes and [Continued on page 66]

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## Childless Marriages

[Continued from page 32]

by the doctor to take her temperature rectally every morning upon awakening for three months; recording each daily temperature on a special graph. At the end of the three months, she returned to the service with her completed graph. Examining it, the doctor saw that ovulation did occur and selected her fertile days. He noted that her menstrual cycle was every 27 days, and that for the first two months she ovulated on the 11th day, but in the third month ovulation occurred on the 12th day. On the basis of this, he advised her to have intercourse on the 9th, 11th and 13th day of her cycle, preferably in the morning. Mrs. Davenport was given a span of days for sexual relations because it had not yet been proved that the ovum was in the fallopian tube on the day the graph showed ovulation to begin, nor was it known whether fertilization would occur at the peak of the fertile span.

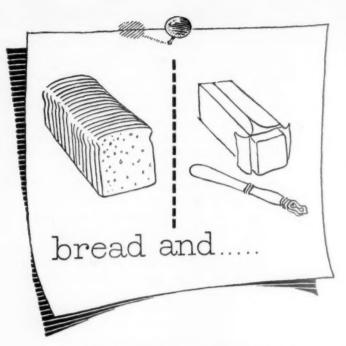
Mrs. Davenport was told that if conception did not occur using the 11th day and alternating days, she was to try the following month on the 10th, 12th, 14th, and 16th days of the cycle. However, in Mrs. Davenport's case this wasn't necessary for she called the service the following month to say that her period was 16 days overdue. The Aschheim-Zondek urine pregnancy test confirmed the fact that she was pregnant.

It is considered a good idea for

a woman to continue with her temperature graph for a few months during her pregnancy, for a sudden drop might mean that she is going to miscarry. Interpreting this as a warning signal, she can notify her doctor and perhaps help to save her pregnancy.

Another test used in fertility studies is the postcoital or compatibility test which shows the compatibility of the spermatozoa with the vaginal and cervical secretions in furthering progress of the sperm. This test should not be done until the quality of the husband's semen has been determined; otherwise the cause for the failure of the test cannot be correctly evaluated. The procedure is as follows. After sexual relations on the morning of the test, the wife stays in bed for a half hour before rising. She then applies a sanitary napkin to prevent leakage and goes to her doctor's office or the clinic where she is usually seen immediately. A lapse of hours, however, will not necessarily spoil the test.

The doctor asks the patient which day of her cycle it is, for if the test is done before or after the fertile period it will be of little value. Prior to the fertile span the cervical secretions are thick, but as the fertile time approaches these secretions undergo a change in quality and consistency, becoming thin and clear. In some cases, this clear mucus, similar to saliva, is a sign of ovulation. When the fertile span has passed, the secretions become scant and thick again. After determining the



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day of the cycle, the doctor collects a specimen of the mingled secretions from the vagina and cervix to observe under a microscope the actions of the spermatozoa. Since he is familiar with the findings of the husband's seminal examination, he can determine to some extent why the test is satisfactory or unsatisfactory; deficiencies in the motility or cell structure of the spermatozoa as well as the quality of the semen give poor results. If no sperm are found on the slide, he questions the patient very thoroughly, for this may indicate poor sexual adjustment. There are many deep-rooted sexual problems which couples are loath to discuss until revealed by this type of test. Such individuals are generally referred to a psychiatrist or a marital adjustment service for treatment.

If the husband has a good semen study, and his condition is satisfactory in other respects but the postcoital test is poor, the doctor has the test repeated the following month after advising the wife to use a neutralizing douche before relations to counteract hyperacidity of the vagina. The doctor suggests that the patient always use the douche during her fertile span if this improves the results of the test. However, if the test is consistently unsatisfactory, artificial insemination, using the husband's semen, can be tried, providing the patient is amenable to this suggestion. Artificial insemination is also used in conditions where a mucous plug in the cervical canal acts as a barrier to the sperm.

Although the Catholic Church for-

bids artificial insemination with the semen of a donor, some Catholic moralists permit "for a grave reason . . . the extraction of seed by needle and without any sexual pleasure from the testicles of a husband for implantation in the cervical canal of his wife." A Catholic writer states that in cases of hyperacidity of the vagina or cervical impediment it is morally permissable for a doctor to aid nature "after normal and natural marital intercourse." Although "the semen should not be removed from the vagina . . . a doctor may use a svringe to collect the semen and deposit it at the entrance of the cervical canal."

It is known that some women will conceive after they undergo the tubal insufflation test which sometimes precedes the postcoital test. Primarily a diagnostic method of ascertaining the patency of the fallopian tube or tubes, this test also helps to open stubborn tubes, and keep them open so that the sperm can enter to fertilize the oyum.

The test, which consists of blowing carbon dioxide gas gently through one or both fallopian tubes, is usually done about a day or so before the fertile period to avoid the danger of interfering with conception. Prior to the test, the doctor or nurse reassures the patient, telling her that the only discomfort she is apt to feel will be a cramping sensation in the lower abdomen similar to menstrual cramps. If gas passes through, she may also have pain in either shoulder. Fre\*Medical Ethics by Charles J. McFadden,

<sup>\*</sup>Medical Ethics by Charles J. McFadden, O.S.A., Ph.D., F. A. Davis Co., Philadelphia, Pa., p. 69.



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Thos. Leeming & Ca. Inc. 155 East 44th Street, New York 17, N.Y.

quently, staining is noticed a few days afterward because the doctor in performing the test lifts the cervix to the right position with an instrument which pricks the cervical tissue. Some persons bleed more than others, but the important thing to remember is that the bleeding is not dangerous.

If, on the first try the test is not successful, the patient should not be discouraged. Usually, the following month, when the test is repeated, the patient knows what to expect, is more relaxed, and the gas flows readily through the tubes. However, the failure of the second, third or fourth tests may indicate an obstruction, or an emotional condition, and the doctor may suggest a hystero-salpingogram, or an x-ray of the uterus and fallopian tubes after an injection of oil. Occasionally, in carrying out this procedure, the oil, which is heavier than gas, may iron out unsuspected adhesions which have prevented conception. If the hystero-salpingogram shows that the tubes are patent, and still the patient does not become pregnant, spastic tubes may be the cause. Normally, the tubes open and close several times per minute, but spastic tubes remain closed longer. For spastic tubes the physician may recommend repeated tubal insufflation for a long period of time or treatment by a psychiatrist. Often when the patient is rid of guilt feelings of a sexual nature, she will relax, and pregnancy will occur. Of course, if the salpingogram shows tubal obstruction, surgery may be indicated.

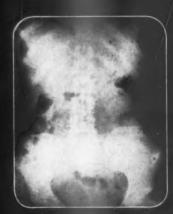
Admittedly, the tests and treatments discussed in this article are the simple, curative ones, which nurses in fields other than gynecology should be familiar with. However, other types of fertility procedures requiring more time and patience may be just as rewarding for the husband and wife who have been unable to become parents.

• A successful trial run of manufacturing vaccines to help prevent epidemics of virulent strains of influenza virus has been reported by Dr. W. Palmer Dearing, USPHS Deputy Surgeon General. The experiment was initiated by the U.S. Influenza Study Program, part of a world-wide influenza program, because of this year's epidemic of a mild type of influenza in England and other countries. Under the program, 1,000 doses of vaccine were prepared by one pharmaceutical house in 22 days, by another in 23 days, using a virus strain flown from England last January. Prior to this, vaccine preparation required six months to a year. According to Dr. Dearing, the trial indicates that a large number of laboratories could produce enough vaccine in a short enough time to meet the immunization needs of this country if it were threatened by influenza epidemics originating at home or abroad. The efficacy of the specially manufactured vaccines is now being tested.

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## **Nursing Homes**

[Continued from page 29]

for adequately trained personnel is great. Certain state regulations for nursing homes require that a registered nurse be in attendance for at least part of each 24 hours. Here definitely is a field for those nurses who enjoy caring for older persons and for the chronically ill. More than anything else these aged people need to feel that there is someone who really cares about them and is interested in their problems. Nurses can not only participate actively in such a program, but they can also help to educate other interested persons. If they do not wish to operate nursing homes themselves, they may act as consultants to groups of such homes. Many lay operators will welcome advice in such fields as diet, record keeping and nursing care.

At least 27 of our 48 states have some form of licensure procedure for nursing homes and convalescent homes under their jurisdiction. Three states, 'Florida, Georgia and Vermont, are interested in preparing licensure laws. Alabama's law went into effect in January of this year and nursing homes in that state have until January, 1952 to comply with the standards called for. The State of New York has quite recently passed a statewide licensure act. Certain of the states having no statewide licensure acts depend upon city and county commissioners to inspect conditions in the homes under their supervision. This is true of the State of Washington. In other instances, cities or counties, on their own, have passed laws regulating the homes within their boundaries even though there is no statewide law as such.

State licensure laws differ greatly in the minimum standards required, administrative details and practicality. Some states, although they license homes, do not demand that unlicensed homes suspend operations. In these states, a license acts merely as a seal of approval and little more. Other states differentiate between homes for the aged, convalescent homes and homes for the mentally ill, and have different standards for the different groups. Still other states, such as Texas and Lousiana, inspect and license convalescent homes caring for recipients of public assistance, but do not go beyond that.

Perhaps a recital of how Indiana finally came to have one of the most effective Nursing Home Acts will provide an example of what has happened or is about to happen in many of the other 48 states.

Up until 1943, there was little legislation regarding private nursing homes in Indiana. Until this time, following the passage of a State Welfare Act in 1936, the State Department of Public Welfare inspected boarding homes for the aged and acted in an advisory capacity, particularly in regard to fire prevention and sanitary conditions. However, these inspections were only conducted upon the request of the operators, and there was no way of compelling operators to carry out

the measures advocated; nor could recipients of Old Age Assistance be prevented from living wherever they chose, with the result that they often lived in most undesirable places.

As conditions in nursing homes gradually became worse, due to their increasing number and the lack of enforceable regulations, the public became aroused. The Indiana Women's Club, in cooperation with the State Department of Public Welfare, determined to do something about the matter, and a committee known as the Civic Committee was formed to make first-hand investigations of various homes, and report upon their conditions.

A bill was prepared for the next legislature, using the recommendations of the Civic Committee as a basis. Finally, in 1943, a bill was passed which placed nursing homes under the jurisdiction of the State Board of Health, and sanitary, health and fire regulations were put into effect. Difficulties arose in correlating the reports of the sanitary, the health and the fire inspectors; and fire hazards were often found which, regardless of the good intentions of

the operators, could not be rectified at that particular time due to a scarcity of building materials and workmen. Furthermore, it was found that the operators had to raise their rates to meet increased costs. Many of the persons living in these homes discovered that their incomes were not sufficient to meet these higher rates, therefore found it necessary to either live alone or crowd in with relatives.

At this time the operators themselves decided to band together in order to help themselves, and to further the interests of their guests. As a result, in 1945, the Indiana State Association of Licensed Nursing Homes was formed. This body was the charter member of the American Association of Nursing Homes which, in 1951, included branches in some 17 states (Indiana, Ohio, Michigan, Minnesota, Nebraska. Missouri, Idaho, Oregon, Tennessee, Connecticut, New Jersey, Massachusetts, Wisconsin, Rhode Island, Illinois, Utah and Washington).

After 1945, the responsibility for the proper administration of nursing homes passed back to the State Department of Public Welfare, for the



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Board of Health felt that the problem had too many social and educational aspects to deal with it successfully and efficiently. Finally, in 1947, a Nursing Home Licensing Act was passed which attempted to smooth out various wrinkles in the preceding laws. This new Act was drawn up after consultation with the of Nursing Indiana Association Homes and followed the recommendations of a special study group appointed by the Governor; it included greater enforcement powers and a clearer statement of the relationships of various agencies to the Act.

It was thus that Indiana, in its own trial and error fashion, gradually came to have one of the most workable nursing home laws, and demonstrated how one state was able to enlist the interest of the operators in seeing that practical standards were made and adhered to. By March 1, 1950, there were 233 licensed nursing homes in the State of Indiana.

Just what sort of regulations Indiana and other progressive states have found necessary to insure a better quality of nursing homes for our aging and sick members of society, as well as some pointers for R.N.'s interested in starting a nursing home, will be discussed in the second part of this article.

History tells us the first public hospitals in Greece were operated by the residents of the cities where they had been built, and here, too, the less privileged were entitled to free care.

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### News

[Continued from page 52]

common practices affecting medical care and health; the extent and effects of financially catastrophic illness upon American families; means for obtaining high quality hospital services at lowest possible costs; and evaluation of systems of payment for hospital care. Studies will be made by the University of Chicago, University of Pennsylvania and the American Hospital Association under the auspices of the Health Information Foundation.

- ► A \$1,500,000 HOME for nurses, the latest addition to St. Clare's Hospital in New York City, has facilities to house and educate 175 students. Its dedication in June was also an occasion for honoring the hospital's founder and superintendent, Mother Mary Alice, who celebrated her fiftieth anniversary as a Sister of St. Francis. The first nun to receive the Papal award of the golden Bene Merenti medal, Mother Mary Alice is credited with the expansion of St. Clare's from a one-building, 65-bed hospital in 1934 to a 440-bed institution in 1951.
- ▶ OUTSTANDING ADVANCES in the psychiatric field are the extensive programs instituted at the University of Pittsburgh and Michael Reese Hospital in Chicago. Pittsburgh's program, which will be participated in by the University's School of Nursing, the Graduate School of Public Health and other departments and



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# PHILIP MORRIS

Philip Morris & Co. Ltd., Inc. 100 Park Avenue, New York 17, N. Y. public agencies, will be geared to teaching and research and the integration of psychiatry with all fields of medicine. One of the chief purposes of the new \$2 million Institute for Psychosomatic and Psychiatric Research and Training at Michael Reese is the teaching of physicians, medical students, social workers, nurses and other personnel who are connected with health.

▶ WORKSHOPS and conferences for industrial nurses conducted by the school of nursing of the University of Pittsburgh, Pa., have been scheduled as follows: Workshop on Industrial Health Services Problems for supervisors of industrial nursing, October 22 to November 2, 1951, tuition—\$32.50; Workshop on Fun-

damentals of Industrial Nursing for staff nurses of industrial health services, January 14 to January 25, 1952, tuition—\$32.50; and the Fourth Annual Conference for Industrial Nurses and Management, January 26, 1952.

▶ "PREEMIE" CARE will be taught at Duke University this fall to public health nurses and institutional nurses of North Carolina. The new training center, which is part of the North Carolina Premature Care Program, is the first of its kind in the state. Although only nurses will be trained at first, the plan may be expanded to include physicians. The director of the nursing training phase of the program is Eileen Kiernan, formerly of New York Hospital.



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> The familiar slogan, "a good breakfast starts the day right," is supported by the findings of several recent studies. One such study tested eight different types of breakfasts on

adult subjects and measured results in terms of blood-sugar levels and the physiological reactions of the subjects. The protein and calorie content of the breakfasts varied.

After breakfasts that furnished 7 to 17 gm. of protein and 360 to 520 calories. the blood-sugar rose rapidly during the first half hour and returned to the original fasting level in three hours. After

751

breakfasts which provided about 500 calories and 22 gm. of protein, derived chiefly from the animal sources, milk or eggs, the bloodsugar rise was normal, but the average maximal figure was lower and the return to fasting level was

delayed beyond the usual three-hour period.

The sustained blood-sugar levels were associated with favorable physiological responses of the subjects. A sense of physical well-being was reported consistently following breakfasts that provided the larger quantities of protein-rich food.

Milk'scontribution to the morning meal was demonstrated in one of the test breakfasts. By adding slightly more than a glass of milk to a low protein breakfast of about 350 calories, blood-sugar levels were longer sustained and the meal was more satisfying to the subjects than was the basic meal. The milk



supplied not only the additional protein and food energy, emphasized in the present study, but provided many other nutri-ents needed for good nutrition.

It is evident from these findings that important nutritive changes in breakfast can be made with little variation in menu and with almost no effort. A glass of milk, for example, can make the difference between a good and a poor breakfast without adding materially to the time required either to prepare or to eat the meal.

\*Orent-Keiles, E. and Hallman, L. F. The breakfast meal in relation to blood-sugar values, U. S. D. A. Cir-cular No. 827 (Dec.) 1949.

The presence of this seal indicates that all nutrition statements in the adver-tisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.



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## Candid Comments

[Continued from page 34]

duties that inevitably follow. Yet the host of good nurses who have served faithfully and well, according to the best traditions of their training, do have definite rights. The values, contributions and potentialities of these nurses must be respected. So must be their right to expect as well as offer compromise in the plans for improving nursing.

How much these rights are recognized in the plans is not the main point-it is that many nurses honestly believe they are largely ignored. No group can move fast or far if any considerable number within it feel they are being treated too lightly. We seem to be at a point where onehalf of the profession doesn't know what the other half thinks. Our old attitudes of mind get in the way of our learning. Quite unconsciously, perhaps, some of us tend to "pull rank" in our thinking, though in our professional activities we are all on an eve-to-eve level.

We cannot establish a new pattern of getting along together unless each examines and re-casts his own attitudes toward all fellow nurses. I can't think of a better way to put it than to say we need to be kinder to each other-kinder in a bigger and wiser concept of what kindness means. "In current life," writes du Nouy, "man in his relations with his fellow men must use his reason, but he will perpetrate fewer errors if he listens to his heart." The more I

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#### Nurses In Our News!

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know of life, the more I believe that kindness is the most important single attribute in getting along with people. Being kind isn't handing out a dime for coffee; that's conscience insurance. Nor is it being indulgent or condescendingly good. Kindness is having a reverence for the dignity and value of our fellow man, and helping him to maintain his place.

I sat in my car one night watching a man motionless on the curb, staring intently at a lighted window in the hospital across the street. Even in the dark his tension and anxiety were obvious. The lights of a passing car revealed that his lips were moving and his hands were folded in an attitude of prayer-and it came to me that he was asking Divine protection for someone in that hospital who meant much to him. He was asking too, I felt, that the nurses be kind to that someone. I was struck again with the importance of kindness in nursing, and of the dangers to this quality in our present scene. I asked a doctor recently if the advances of science were all to the good for medical practice. "No!" was the vehement reply. "Among other things it is destroying our kindness." Yet kindness is of the very essence of the practice of medicine and nursing.

The quality of the kindness we should give every patient springs from the same source as the kindness we should give our fellow practitioners. It is the ability to forget self enough to enter into the life of another: to understand and to help. I have never believed that a truly big person can have two sets of ethical

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## TWO WAYS

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#### The Best Way

#### TO FIND A POSITION

To the R.N. confronted with the problem of finding a position, Burneice Larson, founder of the counseling service for the physician, offers the services of The Medical Bureau.

All negotiations strictly confidential.

Opportunities in all parts of America, including countries outside continental United States—with physicians in private practice, clinics, universities, public health agencies, industry, and hospitals.

Please write today for our Analysis Sheet, so we may prepare an individual survey of opportunities in your particular field.

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Director THE MEDICAL BUREAU

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for 27 years, serving the profession with outstanding personnel and opportunities.



conduct—kind and courteous to patients, stern and churlish to fellow nurses. Am I wrong in saying that we occasionally do meet up with the double-standard nurse? We can preach endlessly about ethics but if we act unkindly we talk rubbish.

Being kind to each other is simply recognizing the human dignity of others, regardless of differences in position. It is believing that the impulses of others are just as fine and high as we believe our own to be. "Our chief want in life," wrote someone, "is somebody who can help us do what we can." The greatest service we can render a fellow human is by word or deed to help him attain his full stature. The highest tribute I ever heard paid a person was expressed by the corner cop who said of a neighbor, "She always made a fellow think better of himself."

Kindness respects the right of every nurse to express honest opinions regardless of their validity, and to hold them until they are shown to be wrong. Only immature, insecure people shut off honest opposition.

This period of uncertainty and unrest can become the focal point of a development beyond anything we've ever known before. Certainly the opportunities are there. Can we provide the unity we need to grasp them? We have the brains and skills to achieve the bigger life. Can we raise our spiritual stature in accordance with them?

[Answers to quiz on page 39] 1-h, 2-k, 3-d, 4-c, 5-o, 6-j, 7-l, 8-m, 9-e, 10-f, 11-g, 12-n, 13-b, 14-a, 15-i.

October R.N. 1951

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# MENNEN Baby Magic

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SKIN CARE

#### P.S.-Personal

If you would like professional samples for distribution to your patients, send your name Company, Department RN-10, and address to The Mennen 345 Central Avenue, Newark 4, New Jersey.

#### Irish Nora

[Continued from page 47]

foolishly teased her too much about horseshoes and four-leaf clovers was asking for trouble.

There was a reserve about Nora that discouraged too many questions about her private life. We knew only that she had been born in "the ould country" and had known bitter poverty there. Her young husband and a baby had died of flu in '18. So far as we knew, she had no other relatives and lived by herself in a tiny uptown flat. Her life was in the hospital where she had worked for 30 years; she had no outward plans for retirement.

Anyone who suggested that Nora was getting on in years was told with a chuckle, "Ah, but you're a tease. I'm livelier than I ever was." Once she drew me to a window to watch one of the patrons of the hospital drive up for a board meeting. She shook her head pityingly. "Look at the poor ould soul, all bent over and shivery looking in this foine weather. Never did a day's work in his life. That's the kind that gets old and can't lift a finger for himself or anyone else. People like us have no time for it. And a good thing it is."

One morning, when the difficult wartime years were over and the emergency room was slightly less hectic, Nora didn't come to work. "Overslept the first time in her life, I'll bet," one of the interns commented. By afternoon we learned that the emergency room would have to manage without her. Nora had died quietly in her sleep.



## SOLVE CASH PROBLEMS AS THIS NURSE DID!

Here's a bright young woman—capable, RN, of course. Unexpected illness (happens to nurses, too) upset her budget badly. Being wise, however, she lumped her bills together . . . added them up . . . then WROTE A POST-CARD TO Personal, giving name, ad-

dress, amount desired, and the magic words, "MAIL LOAN."

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You, too, can get a loan from *Personal* by mailing *your* postcard to the nearest *Personal* office (see phone book) . . . or to Nurses Section, Box 1947, Trenton, N. J. No outsiders involved. Yes, we've been serving nurses for over 35 years.



There's a Personal Office near You

Personal FINANCE CO.

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October R.N. 1951

All day Washin the pro

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#### For every nurse who leads a double life



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#### on duty

All day long you have your hands in and out of water. Washing babies is hard on your skin, roughens it, makes the protective action of TRUSHAY doubly important.



#### off duty

You want your hands to be soft and smooth, without signs of constant washings. TRUSHAY—the "beforehand" lotion will keep them lovely.

On duty and Off duty TRUSHAY will protect your hands. Use it each time before you wash them. It will help preserve the natural skin oils. Use it after you wash to give your hands that oh-so-soft feeling. Rich as cream, but without a trace of stickiness, TRUSHAY is delightful to use—on hands, on face, and as a body rub.

When patients and friends wonder how you can keep your hands so soft and smooth and free from redness in spite of frequent soap-and-water scrubbings, tell them about TRUSHAY, the lotion with the "beforehand" extra.

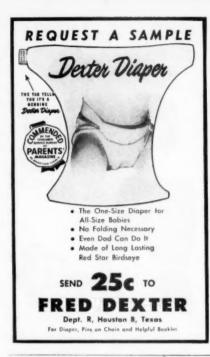
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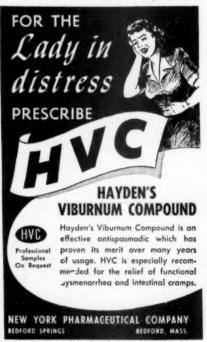
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#### R.N. Speaks:

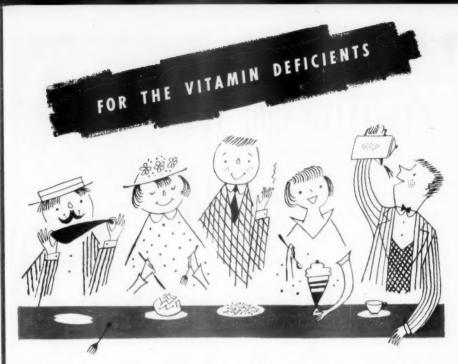
[Continued from page 25]

pattern for nursing education. We believe that nursing in its preparation and practice must follow some or many of the conventional lines of general and professional education, however, nursing education has also distinctive elements of its own. Nursing, like other reputable professions. has experienced something utterly unique in its apprenticeship-system -why scorn it? The thing to scorn is the exploitation of the system, not the system itself. We are striving to do away with the apprenticeship that exploits; but in doing so, in leaning away from trading service for education, we need not break the backbone of nursing by bending too far in the opposite direction. Ironically, as the student nurse moves away from the bedside for her or his education, the medical student returns to it, eager for the actual contact that gives realism to what is learned in the classroom.

As we all think together, let us try for a solution that will not only produce more nurses, but produce better nurses, much more satisfactorily distributed, and more economically employed.

-ALICE R. CLARKE, R.N., EDITOR

It's interesting to note that of the 30,000 Greek Olympian gods who resided on Mount Olympus, over 700 were in one way or another associated with nursing and 500 of them were women.



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Octob

#### ---POSITIONS AVAILABLE

ADMINISTRATORS: (a) 60 bed general hospital, southern county seat. (b) Small California hospital soon expanding to include clinic. \$4800. (c) New 30 bed hospital now under construction, opening early 1952. (d) New 40 bed Indiana hospital. (e) Modern 60 bed hospital southwestern Iowa. \$4500. (f) 50 bed Kentucky hospital less than 2 years old. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS: (a) New hospital, 65 beds, completion soon. Town 35,000, East. (b) New hospital of small size to be completed November, Florida. (c) Small hospital under construction. \$6000-\$6500. Midwest. RN10-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS-NURSES: (a) New 30 bed Ohio hospital vicinity university center. (b) New Georgia hospital opening 60 days. (c) 50 bed Pennsylvania hospital, new building recently completed. (d) Small college-community operated hospital, Northwest. (e) 40 bed hospital vicinity Boston. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ADMINISTRATORS-ANESTHETISTS: (a) Small industrial hospital vicinity Phoenix. \$4500. (b) 20 bed Florida hospital opening this Fall. (c) Small hospital vicinity Idaho Falls. Attractive Rocky Mountain location. \$4200. (d) New 90 bed Virginia hospital. \$4200. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETISTS: Two. \$300-\$350 per month, plus complete maintenance. 96 bed hospital. College town. One months vacation with pay. Apply Administrator, Centre County Hospital, Bellefonte, Pa.

ANESTHETISTS: (a) New hospital, 150 beds. Summer resort town on Lake Michigan short distance from Chicago. \$400, maintenance. (b) General 250 bed hospital built during war. Town 40.000 near university center. \$430 increasing to \$530. (c) 30 man clinic, all Diplomates or eligible. Department directed by medical anesthesiologist. University town. \$400-\$550. (d) To administer anesthetics for two surgeons, Diplomates American Board. College town, Midwest. Minimum \$4200, maintenance. (e) Wellequipped, modern hospital operated by important industrial company. Foreign assignment. RN10-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) 100 bed hospital vicinity Tampa, \$4800. (b) 60 bed general hospital, attractive lake shore suburb adjacent Chicago. \$4800 maintenance. (c) New 100 bed hospital near Illinois college town 40,000. \$5000 up. (d) Active clinic and hospital group, prosperous Iowa college town. Salary to \$6000. (e) South central medical center vicinity Knoxville, Tennessee. \$5400 maintenance. (f) 200 bed general hospital, city 75,000 adjacent Smoky Mountain resort resort resort.

gion. \$5400. (g) Large Texas teaching hospital. Salary to \$5000. (h) Very new, modern hospital medical center, prosperous western Texas community. \$5400. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASSISTANT OPERATING ROOM SUPER-VISOR: 210 bed general hospital in residential suburb of Chicago. Advanced preparation in operating room technique and administration required. Salary \$235 plus full maintenance. Graduate nurse for 3-11 period in out-patient department. Salary \$225 plus full maintenance. New nurses' residence opened June 1, 1951. Apply to Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

ASSISTANT SUPERINTENDENT OF NURSES: 60 bed general hospital, new building, modern equipment, western Wisconsin, college town. Vacation, sick leave, retirement plan. Apply to Myrtle Werth, R.N., Supt. of Nurses, Memorial Hospital, Menomonie, Wis.

COLLEGE, SCHOOL, STUDENT HEALTH:
(a) College nurse, Young women's college, well-equipped infirmary. Suburban location near university city, Midwest. (b) School nurse. Elementary schools, small town, Southern California. (c) School nurse. Public schools, Michigan. (d) Student health and recreational director. Large general hospital near New York City, RN10-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, III.

DIETITIANS: (a) 60 bed California hospital. Opportunity to do some counseling service. \$4000. (b) Large approved Florida hospital, noted resort area. \$3600. (c) Therapeutics. New 250 bed Michigan hospital, midwest college town. To \$4200. (e) 250 bed Ohio teaching hospital, \$4500. (f) Small approved general hospital, excellent Pacific Northwest location. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: \$5520 to \$6900. B.A. or M.A. Degree. Head and supervisory experience with special preparation in Psychiatric Nursing. Ability to build and administer an active professional psychiatric rursing program and an affiliated training program. Large State Mental Hospital located in East. Pleasant living accommodations available. State Merit System benefits. Apply Box SSH-1, c/o R.N. Magazine, Rutherford, N.J.

DIRECTORS OF NURSES: (a) Large teaching hospital, collegiate program, university city, East. Minimum \$6000. (b) School and nursing service. 500 bed general hospital, 150 students. University center, Midwest. (c) School and nursing service. 200 bed hospital, Texas. \$5000-\$6000. (d) Nursing service. New hospital, fairly large size. California. (e) Nursing service. New orthopedic [Turn the page]

hospital, metropolitan area, East. RN10-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

Georgia hospital, \$5000 up. (b) Southwestern university hospital. To \$7000. (c) 100 bed Texas hospital. \$5000. (d) Small Kentucky hospital. \$4500. (e) Large St. Louis hospital. \$5000. (f) 100 bed hospital Boston area. \$4200 up. (g) Large East Coast hospital. \$5700 increasing to \$6500. (h) 100 bed New Jersey hospital. \$4000 to \$5000. (i) Small New York hospital, must be well qualified. Salary open. (j) Philadelphia teaching hospital. \$5000 up. (k) Large midwest psychiatric hospital. \$400. (n) 200 bed Indiana hospital. Minimum \$4500. (m) 250 bed Ohio hospital. \$4800 up. (n) 240 bed teaching hospital, midwest college town. \$5400 up. (o) Small, new Milwaukee hospital. \$5400. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSING ASSISTANTS:
(a) Large East Coast hospital. \$3000 up. (b)
Large Baltimore hospital. \$3500 increasing
to \$4000. (c) 150 bed Michigan hospital. To
\$4200. (d) Large eastern psychiatric hospital. \$4200 up. (e) Faculty appointment, be
responsible for public health aspect, central
New York collegiate nursing program. (f)
200 bed teaching hospital, Hudson River
area. \$4400. (g) Large New York tuberculosis hospital. \$4800 increasing to \$5700.
Woodward Medical Bureau, 185 N. Wabash,
Chicago, Ill.

EDUCATIONAL DIRECTORS: (a) 200 bed Florida hospital. \$4200. (b) 100 bed Illinois hospital. \$4800. (c) 200 bed Chicago hospital. (d) 250 bed Chicago hospital. \$4500. (e) 150 bed East Coast hospital. \$4200. (f) 200 bed teaching hospital, excellent Hudson River location. \$4500. (g) 300 bed Midwest hospital. \$4500 increasing to \$4800. (h) Assistant. Large eastern psychiatric hospital. \$3200. (i) Large Tennessee hospital. \$4200 minimum. (j) New 150 bed Texas hospital. \$4500. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

FACULTY APPOINTMENTS: (a) Educational director. One of Chicago's leading hos-

pitals. \$4500, maintenance. (b) Science instructor. Important hospital, college town, New England. (c) Clinical instructors in pediatrics, medicine-surgery and nursing arts instructor. Medical school affiliations. Minimum \$600-\$4200. (d) Psychiatric instructor. University school. Minimum \$4000, West. RN10-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, III.

FACULTY APPOINTMENTS: (a) Medical-Surgical-Clinical. 150 bed hospital Michigan resort community. To \$4200. (b) Nursing Arts. 125 bed Illinois hospital. \$3600. (c) Nursing Arts. Southeastern university hospital. \$4000 up. (d) Assistant Nursing Arts. Large teaching hospital Virginia city 20,000. \$3600. (e) Science. 250 bed hospital, prosperous community northwestern Illinois. \$3600 minimum. (f) Science. Small college affiliated community northwestern Illinois. \$3600 minimum. (g) Science. Small college affiliated hospital, southeastern city 35,000. \$4800. (h) Psychiatric. Large eastern mental hospital. \$3350 up. (i) Social Science. 300 bed hospital city 60,000 vicinity Pennsylvania state capital. \$3600. (j) Practical Nursing. Eastern vocational school, residential community 5000 adjacent Philadelphia. Degree required. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

GENERAL DUTY NURSES: \$215 to \$230 gross salary. \$10 evening and night bonus. 44 hour week. Liberal personnel policies. 122 bed general hospital, 30 miles from New York City. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

GENERAL DUTY NURSES: Straight 8 hour day, 44 hour 5½ day week. Salary \$215, \$15 bonus for 3-11, \$10 for 11-7, increased at 6 month intervals to \$235. Maintenance available. Opportunities for advancement and to continue education at five universities. For full information write Director of Nurses, Henrotin Hospital, LaSalle and Oak Sts., Chicago, Ill.

GENERAL DUTY NURSES: 25 bed hospital. Starting salary \$175 with full maintenance. 5 day week. Write for particulars to Superintendent, Lincoln County Miners Hospital, Kemmerer, Wyo.

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GENERAL DUTY NURSES: 60 bed general hospital, new building, modern equipment, college town in Western Wisconsin. 2 weeks vacation, sick leave, 6 holidays, retirement plan. Apply to Myrtle Werth, R.N., Supt. of Nurses, Memorial Hospital, Menomonie, Wis.

GENERAL DUTY NURSES: 250 bed general hospital. Located 125 miles south of San Francisco. \$250 starting salary, \$10 differential for 11-7 shift, O.B., Communicable diseases, T.B. Modern Nurses' Home, room cost \$10 a month. Meals 50c each. Opening new 78 bed unit around October 1st with complete new service unit. Apply Director of Nurses, Merced County General Hospital, P.O. Box 231, Merced, Calif.

GENERAL DUTY NURSES: Positions available in Alameda, Berkeley, Oakland, Richmond and other California East Bay Cities. Nurses registered in their home states or Canada can secure temporary permits to practice nursing in California until January, 1954 without examination. Permits may be secured by applying to the California State Board of Nurse examiners, Sacramento, Calif. The following salaries and personnel practices have been established for nurses in the above area: Starting salary \$240 per month, \$2.50 per month tenure increases for each 6 months of service to a maximum of 3 years. A premium of \$10 per month is paid for night and evening duty, a \$10 premium is also paid for delivery room or operating room duty. 40 hour week, 2 weeks vacation for each year's service, 3 weeks vacation for 5 years' service, 7 paid holidays, sick leave cumulative to 20 work days. Blue Cross Hospitalization Insurance paid by the hos-Hospitalization Insurance paid by the hospital. For further information write directly to the Director of Nurses of one of the following hospitals: Alameda Hospital, Alameda; Albany Hospital, Albany; Alta Bates Hospital, Berkeley; Children's Hospital of the East Bay, Oakland; Concord Hospital, Concord; East Oakland Hospital, Oakland; Herrick Memorial Hospital, Berkeley; Martinez Community Hospital, Martinez; Merritt Hospital, Oakland; Peralta Hospital Merritt Hospital, Oakland: Peralta Hospital, Oakland; Permanente Hospital, Oakland; Pittsburg Community Hospital, Pittsburg; Providence Hospital, Oakland; Richmond Hospital, Richmond.

GENERAL DUTY NURSES: For Stanford University Hospitals, San Francisco. Single rooms available in the Nurses' Res'dence at \$15 per month. Beginning salary \$240 per month. \$10 increase after 2 years. 40 hour week. \$10 additional for 3-11 and 11-7 shifts. Operating room and delivery room nurses with one year of previous experience or special preparation, \$10 additional. Retirement plan and social security provided. Addr-ss Director of Nurses, Stanford University Hospitals, Clay & Webster Sts., San Francisco 15. Calif.

GENERAL DUTY NURSES: 114 bed general hospital. Beginning gross salary \$220 plus meals. \$10 evening and night bonus. 3-11 and 11-7 positions available. Apply Paul O. Huth, M.D., Supt., St. Francis Hospital, Cambridge, Ohio

GENERAL DUTY NURSES: 170 bed hospital in suburban Westchester County. 30 minutes from New York City. 40 hour week. Director of Nursing, Yonkers General Hospital, Yonkers, N.Y.

GENERAL DUTY NURSES: For 300 bed hospital in Nation's Capital. Opportunity for furthering education as located near several universities. Pleasant working conditions. Coffee hour in A.M. and P.M., paid vacation, 6 holidays, sick leave, hospitalization, Social Security, meals and laundry cash basis, opportunities for promotion. Starting salary of \$215 per month with \$5 increase after 6 months, 12 months, 24 months, and 36 months service, pay for overtime, additional pay for evening and night duty and for operating room, delivery room, blood bank and reacting room services. Apply Director of Nursing, Garfield Memorial Hospital, Washington, D.C.

GENERAL DUTY PSYCHIATRIC NURSES: Menninger Foundation has positions open for psychiatric staff nurses with opportunities for advancement. 44 hour week, paid vacations, sick leave, on-the-job education program. \$220 to \$280 plus laundry, \$10 raining increase at the end of three months, \$10 extra for night duty, regular increases. Apply Mr. Basil E. Cole, Personnel Director, The Menninger Foundation, Topeka, Kans.

GENERAL STAFF NURSES: Must rotate or be willing to work permanent afternoon or night duty. 40 hour week, liberal personnel policies. \$20 a month afternoon or night bonus. Write Director of Nurses, Jewish Hospital, Cincinnati 29, Ohio

GENERAL STAFF NURSES: 210 bed general hospital in residential suburb of Chicago. Medical, surgical, pediatric, obstetrical and operating room divisions. 44 hour week. 2 weeks vacation, 6 holidays, sick leave policy. Salary \$190 days, \$200 evenings, night duty \$205, plus complete maintenance in new nurses' residence opened June 1, 1951. Salary increase \$10 per month after 60 days. Scrub nurses remuneration for call. Leave of absence for post graduate experience with part salary. Apply to Director of Nursing. MacNeal Memorial Hospital, Berwyn, Ill.

GRADUATE NURSES: With or without psychiatric training. 2600 bed hospital with university affiliations, extensive teaching and research programs. Starting salaries \$230-\$252 a month, yearly automatic increases. Opportunity to advance. Complete maintenance (optional) in modern nurses' home. \$40 per month. 44 hour week, 8 to 10 holidays, 2 weeks vacation with pay, sick leave and retirement benefits. Cleveland State Hospital, Cleveland 5, Ohio

GRADUATE NURSES: Starting salary \$300 per month. 48 hour week, 3 week vacation. 10-12 paid holidays per year, cumulative sick leave, retirement plan, Maintenance deduction \$31 per month. Wisconsin State Sanatorium, Statesan, Wis.

HOUSEKEEPERS: (a) 600 bed hospital, southeastern state capital, \$3000 main[Turn the page]

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• Reduces skin bacteria count as much as 95% when used regularly - reduces chance of infection following skin abrasions and scratches.

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- Stops perspiratory odors prevents the bacterial decomposition of perspiration, which is known to be the chief cause of odor.
- · Protects infants' skin-helps prevent impetigo, diaper and heat rashes, raw buttocks; stops nursery odor of diapers, rubber pants, etc.
- · Helps skin disorders destroys bacteria which often spread and aggravate troublesome pimples and surface blemishes.

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tenance. (b) Large teaching hospital, noted medical center, eastern metropolis. \$3600 minimum. (c) Large New York sanitarium, excellent location Long Island Sound. \$3000 minimum. (d) 600 bed hospital, midwest university center. Will meet salary requirements. (e) 200 bed new hospital opening 60 days. Top salary. (f) 300 bed Texas hospital, unusually attractive personnel policies. \$3300 increasing to \$4000. (g) Small sanitarium, pleasant resort community adjacent Milwaukee, Wis. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

INDUSTRIAL, CLINIC AND OFFICE: (a) Several industrial. New plant, university center, South. (b) Clinic nursing supervisor. 15 man group. college town, West. \$3600-\$4800. (c) Industrial, large plant, Chicago area. (d) Office. By American Board specialist, busy practice, California. (e) Scrub nurse. 25 man group. college town, 60,000, \$300. (f) Office. By American Board pediatrician. Chicago, RN10-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

LABOR ROOM SUPERVISOR: For present 150 bed and into new ultra-modern 200 bed hospital. Maternity department 30 beds. 40 hour week. Splendid personnel policies. Director of Nurses, Glenville Hospital, Cleveland 8, Ohio

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NURSES: General Duty, for 30 bed hospital. 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES: Educational Director and Clinical Instructor. Medical, Surgical. 165 bed hospital with accredited School of Nursing. Liberal personnel policies. Salary commensurate with preparation. Apply Director of Nurses, Englewood Hospital, 6001 S. Green St., Chicago 21, Ill.

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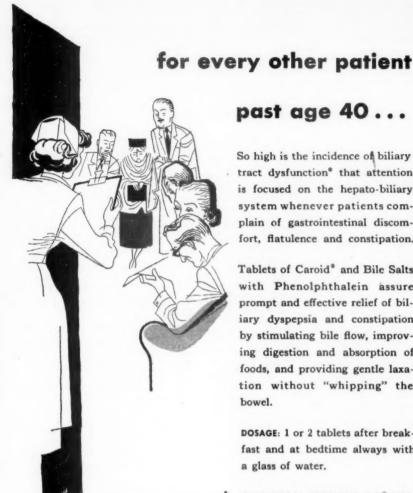
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NURSES: Operating Room, Scrub and General Duty for tuberculosis sanatorium in Adirondack Mountains. Pleasant surroundings. Salary with full maintenance and laundry. Apply Superintendent of Nurses, Stony Wold Sanatorium, Lake Kushaqua, N.Y.

NURSES: The American Red Cross offers excellent employment opportunities as nursing field representative for nurses qualified in the field of public health or education. Qualifications: Bachelor's Degree in Public Health Nursing, Nursing Education, or Health Education, with at least 2 years of experience. Openings are available in the various sections of the country. Salaries are commensurate with training and experience. Inquiries should be directed to Mr. Norman A. Durfee, National Director, Personnel Services, American Red Cross, Washington 13, D.C.

NURSES: Operating Room, General Duty, Head Nurses. 100 bed new modern hospital, 5 miles from Memphis, opening about October first. Apply to Director of Nursing, Mrs. Clarice Corbett, Crittenden Memorial Hospital, West Memphis, Ark.

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OPERATING ROOM STAFF NURSES: For New England Deaconess Hospital. 40 hour week scrub and circulating positions for nurses with at least two years operating room experience or advanced preparation in operating room technic. Salary range \$220 to \$250 per month with \$5 increases after 6 and 12 months and yearly merit increases thereafter for 4 years. On call no more than 2 nights a week, 4 weeks vacation, 2 weeks sick leave, 11 holidays annually or equivalent, Social Security program, one-half Buc Cross-Blue Shield premiums paid, uniforms laundered free. General 300 bed hospital with 65 per cent surgical patients, mostly major surgery. Good promotional possibilities in next 3 years with completion of new central building and operating room. Attractive residence for operating room nurses. Apply Personnel Office, 16 Deaconess Rd., Boston 15, Mass.

PEDIATRIC SUPERVISOR: To organize new 32 bed Pediatric Department. Administrative and teaching responsibilities. Experience required. Position open, salary open. Apply Director of Nurses, Mid State Baptist Hospital, 2000 Church St., Nashville, Tenn.

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RECORD LIBRARIANS: (a) Small approved hospital, Arizona college community. \$3300. (b) 150 bed approved hospital, Florida resort town. Top salary. (c) 150 bed hospital, Hawaiian territorial capital. \$3400. (d) Large Chicago hospital. \$4800. (e) 250 bed hospital, city 45,000, southeastern New York. To \$4200. (f) 400 bed hospital southeastern medical center. Minimum \$3600. (g) Large southeastern university hospital. Salary to \$4000. (h) Large tuberculosis hospital, pleasant location resort town, Puget Sound, Pacific Northwest. \$3600. (i) Assisant. Large teaching hospital, eastern medicant. RECORD LIBRARIANS: (a) Small aptant. Large teaching hospital, eastern medi-cal center. Opportunity advance to chief. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

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located in the Texas Medical Center. Positions available immediately offering permanency and opportunity for promotion to administrative nursing positions. Personnel policies include 44 hour week, liberal vacation and sick leave, holidays with pay, retirement plan, group life and hospitalization insurance. Address inquiries to the Personnel Manager, University of Texas, M.D. Anderson Hospital for Cancer Research, Houston, Tex.

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SCIENCE INSTRUCTOR: School of nursing accredited by Pennsylvania State Board of Nurse Examiners. Liberal personnel policies. Apply Director of Nursing. George F. Geisinger Memorial Hospital and Foss Clinic, Danville, Pa.

STAFF: (a) General duty and surgical nurses. Modern new hospital operated by leading industrial company. Substantial salaries. West. (b) Several staff and surgical. Large teaching hospital, university center. Opportunity continuing studies. Minimum \$260. (c) Large general hospital. Town of 40,000. Pacific Islands. \$3900, including quarters. (d) Operating room and staff nurses. Relatively new hospital operated under American auspices, South America, RN10-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

STAFF NURSES: For day and night duty in 300 bed tuberculosis hospital, located two miles from Hartford, Conn. Salary \$208.66 per month with full maintenance. Annual increases, excellent living conditions, paid vacation, sick leave, 11 paid holidays, 48 hour week. Retirement plan. Director of Nursing, Cedarcrest Sanatorium, Newington 11, Conn.

STAFF NURSES: Men and women. New 250 bed general hospital ready for occupancy. Positions now available for general staff nurses, head nurses, and supervisors in all services. Apply to Director of Nursing, Hotel Dieu Hospital, El Paso, Tex.

STAFF NURSES: For Obstetrics and Premature Nursery. Must be New York State registered or eligible for such registration. 376 bed general hospital. Salary range \$210-\$240 per month. rotating shifts, \$10 bonus for permanent evening or night duty, 40

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hour, 5 day week, 28 days vacation, 8 holidays, 14 days illness allowance. Apply Director of Nursing, Flushing Hospital and Dispensary, 44-14 Parsons Blvd., Flushing, N.Y.

STAFF NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 40 hour week. Salary \$260 to \$290. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Meets approved minimum employment standards of State Nurses' Association. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio

SUPERVISORS: (a) Chief, operating room. Large teaching hospital. Minimum \$4000. Teaching center, East. (b) Obstetrical. 30 bed department, 200 bed hospital. Town 35,000, Northwest. \$400-\$500. (c) Afternoon. Small hospital, medical school affiliations. Midwest. \$4200. (d) Operating room. Important hospital, Chicago area. \$4000. (e) Outpatient. New hospital. 300 beds. Affiliated 30 man clinic, West. \$3600. (f) Pediatric. EENT and psychiatric supervisors. New hospital, unit, university group. West. (g) Floor. Well equipped modern hospital operated under American auspices, South America. RN10-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISORS: One supervising nurse, two assistant supervising nurses, four R.N.'s for 225 bed sanitarium. Full maintenance. Salary open. For further information contact Dr. Joseph O. Smigel, Medical Director, Pinehaven Sanitarium, Pinewald, N.J. Phone Toms River 8-2052.

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SURGICAL CLINICAL INSTRUCTOR: 600 bed general hospital, 200 students. Operating and recovery room not included in this assignment. For details contact Director of Nursing Service, Jackson Memorial Hospital, Miami 36, Fla.

SURGICAL NURSE: Experienced. For 33 bed general hospital. Salary \$240 per month. 4 weeks paid vacation, sick leave. Apply Nantucket Cottage Hospital, Nantucket, Mass.

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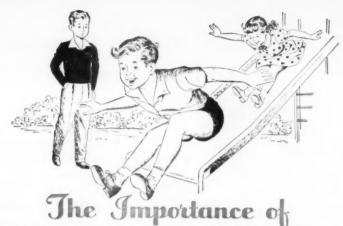
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For preventing borderline nutritional states in children due to food whims, poor choice of foods, or lack of interest in eating, Ovaltine in milk enjoys long-established usefulness. Its rich content of biologically complete protein, vitamins and minerals can supplement even grossly deficient diets to optimal nutrition. The delicious flavor of Ovaltine invites its acceptance and lends interest to eating when the appetite lags. Children particularly like Chocolate Flavored Ovaltine.

Three servings of Ovaltine in milk furnish the supplementary amounts of nutrients shown in the appended table.

\*Baumgartner, L.: Wider Horizons for Children; The Midcentury White House Conference and Children's Nutrition, J. Am. Dietet. A. 27:281 (Apr.) 1951.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



## Ovaltine

Three servings daily of Ovaltine, each made of  $\frac{1}{2}$  oz. of Ovaltine and 8 oz. of whole milk, provide:

| PROTEIN      | 32 Gm.  | VITAMIN A  |         |
|--------------|---------|------------|---------|
| CARBOHYDRATE | 65 Gm.  | RIBOFLAVIN |         |
| CALCIUM      |         |            | 6.8 mg  |
| PHOSPHORUS   |         |            | 30.0 mg |
| COPPER       | 0.5 mg. | CALORIES   | 676     |
|              |         |            |         |

\*Based on average reported values for milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

#### If Your Patient Wears A Denture—

YOU NEED THIS!



SPECIAL 2 in 1 BARGAIN OFFER

\$1.10 value, only 79¢

For offer to si

#### **ORA Denture Cleanser And Denture Bath** No Brushing

■ ORA Denture Cleanser saves you time in cleansing your patient's false teeth. ORA is so easy and quick to use. Just place denture in ORA solution for only 15 minutes or overnight if desired. Denture comes out sparkling clean. Your druggist's supply of this special offer is limited ... GET YOURS NOW.

- 1. Eliminates harmful brushing.
- 2. Removes tobacco and other stains.
- 3. Prevents stains.
- 4. Dissolves mucin plaques.
- 5. Prevents offensive breath.
- 6. Guaranteed not to harm dentures.
- 7. Costs less than 1¢ a day.



#### 60¢ Size Package of CRA

#### Denture Bath-

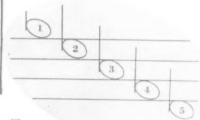
Handy, 2-piece plastic bath holds any size denture. A 50¢ value.

S1.10 VALUE, ONLY 79¢

McKESSON & ROBBINS, INC., BRIDGEPORT, CONNECTICUT

## variations

on a theme...



For variations in 'B' therapy, "Beminal" offers a quintet of distinctive combinations to simplify selection of appropriate treatment for each patient.

"Beminal"

B' therapy



Ayerst, McKenna & Harrison

1. "Beminal" Forte with Vitamin C (Capsules No. 817) is recommended whenever oral administration of massive doses of B factors and vitamin C is desirable. Each capsule contains:

| Thiamine HCl (B <sub>1</sub> )   |   | ۰  |   | 0 |   |   |   | 25.0 mg  |
|----------------------------------|---|----|---|---|---|---|---|----------|
| Riboflavin (B2)                  | 0 |    |   |   |   |   |   | 12.5 mg  |
| Nicotinamide                     |   |    |   |   |   | 0 | ٠ | 100.0 mg |
| Pyridoxine HCl (B <sub>6</sub> ) |   | 0  |   | 0 |   |   |   | 1.0 mg   |
| Calc. pantothenate               | ۰ |    | ٠ | 0 | 0 | 0 |   | 10.0 mg  |
| Vitamin C (ascorbic              | a | ci | d | ) |   |   |   | 100.0 mg |

Dosage: One to three capsules daily or as directed by the physician.

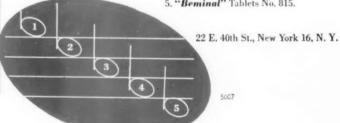
The other members of the "Beminal" family

2. "Beminal" fortified with Iron and Liver. Capsules No. 816.

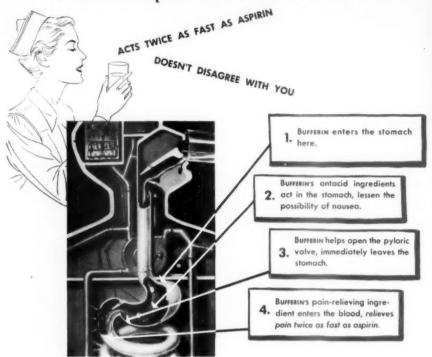
3. "Beminal" fortified with Iron, Liver, and Folic Acid, Capsules No. 821.

4. "Beminal" Forte Injectable (Dried) No. Limited 495.

5. "Beminal" Tablets No. 815.



#### Get faster pain relief with BUFFERIN



It is the rapidity with which a drug enters the blood that determines the speed of its pain-relieving action. BUFFERIN has a unique advantage as an analgesic because its pain-relieving ingredient enters the blood promptly. Almost immediately after BUFFERIN reaches the stomach it stimulates the opening of the pyloric valve, and passes from the stomach into the intestines. There it is absorbed into the blood, ready to exert its alleviating effect on pain.

Clinical studies<sup>1</sup> have shown that ten minutes after BUFFERIN was taken the salicylate levels of the blood were as great as those attained by aspirin in twice this time. That is why BUFFERIN acts twice as fast as aspirin.

And BUFFERIN won't disagree with you. It is antacid, protects your stomach from the irritation which aspirin produces in so many people. Even large doses of BUFFERIN, over a long period of time, are well tolerated.

1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Scientific Ed. 39:21, Jan. 1950. Indications: Simple headaches, neuralgias, dysmenorrhea, muscular aches and pains, discomfort of colds and minor injuries. Particularly useful when gastric hyperacidity is a complication. Helpful for arthritic pains, and for toothaches and pain following tooth extraction.

Each Bufferin tablet contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

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